

**Family Support for
Children with Disabilities
Policy and Procedures
Manual**

August 1, 2004

Alberta 
Government

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August 1, 2004

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MANUAL AMENDMENTS

Amendments to the Family Support for Children with Disabilities Policy and Procedures Manual will be distributed from the Provincial Family Support for Children with Disabilities office. It is a regional responsibility to ensure all FSCD workers are provided with copies of the amendments and are advised of the impact on practice and service delivery. Notification of amendments will also be available on WorkLinks.

Amendment Number	Date of Amendment	Entered by
1	September 2006	FSCD
2	December 2006	FSCD
3	December 2006	FSCD
4	January 2008	FSCD
5	March 2008	FSCD
6	July 2009	FSCD
7	December 2010	FSCD
8	July 2011	FSCD
9	December 2011	FSCD
10	March 2013	FSCD

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Amendment	Update	Section-Page	Date of Amendment
1	Preface	Page v	September 2006
	Verification of On/Off Reserve Status	Section 12-23 to Section 12-28	September 2006
	Appendix A: Forms (List)	Appendix A-1	September 2006
	Form CS3594 - Verification of ON/OFF Reserve Status for Funding Purposes	Appendix A-33	September 2006

2	Introduction	Section 2-3 to Section 2-6	December 2006
	Summary of Supports and Services Provided Under the <i>FSCD Act</i> (Chart)	Section 4-28 to Section 4-29	
	Family Support Respite Support	Section 9-27 to Section 9-30	December 2006
	Child Focused Respite Services	Section 10-5 to Section 10-12	December 2006
	Homemaker Services	Section 10-15 to Section 10-17	December 2006
	Child Care Supports for Children Age 13 Years and Older	Section 10-25 to Section 10-26	December 2006
	Community Support	Section 10-38 to Section 10-39	December 2006
	Medical Benefits	Section 10-62 to Section 10-71	December 2006
3	FSCD Regulation	Section 4-11 to Section 4-26	December 2006

4	Service Delivery Procedures	Section 8-3 to Section 8-36	December 2007
	Child Focused Services	Section 10-3 to Section 10-4	December 2007
	Behavioural Support Developmental Support	Section 10-39 to Section 10-48	December 2007
	Medical Benefits Ambulance Specialized Services for Children with Severe Disabilities	Section 10-63 to Section 10-86	December 2007
	Transition Planning	Section 11-3 to Section 11-8	December 2007
	Concerns Resolution	Section 12-1 to Section 12-18	December 2007
	Appendix J: Interregional Transfer Protocol	Appendix J-1 to Appendix J-4	December 2007
	Appendix K: Verification of On/Off Reserve	Appendix K-1 to Appendix K-6	December 2007

Amendment	Update	Section-Page	Date of Amendment
5	Service Delivery Procedures	Section 8-3 to Section 8-44	April 2008

6	FOIP Procedures	Section 3-3 to Section 3-6	July 2009
	Summary of Supports and Services Chart	Section 4-29	July 2009
	Essential Standards FOIP Procedures Child Disability Benefit Interpreter Services	Section 8-3 to Section 8-22	July 2009
		Section 8-31 to Section 8-34	
		Section 10-41 to Section 10-42	
		Section 10-45 to Section 10-46	
	Review of FSCD Program Decision	Section 12-7 to Section 12-10	July 2009
	Appendix A: Forms	Appendix A-1 to Appendix A-38	July 2009
	Appendix D: Interregional Transfer Protocols	Appendix D-1 to Appendix D-3	July 2009
	Appendix H: Sample Outline for the Appeal Committee	Appendix H-1 to Appendix H-2	July 2009
	Appendix I: Verification of On/Off Reserve	Appendix I-1 to Appendix I-5	July 2009

7	Introduction	Section 2-3 to Section 2-8	December 2010
	Freedom of Information and Protection of Privacy	Section 3-3 to Section 3-6	December 2010
	Program Eligibility	Section 5-1 to Section 5-6	December 2010
	Information, Referral and Advocacy Services	Section 6-3 to Section 6-6	December 2010
	Overarching Policies and Considerations	Section 7-1 to Section 7-10	December 2010
	Application Process	Section 8-3 to Section 8-8	December 2010
	FSCD Agreement; Amendment to FSCD Agreement; Reimbursement for Services; File Closure Transfer	Section 8-29 to Section 8-44	December 2010
	Child Focused Respite Services	Section 10-5 to Section 10-12	December 2010
	Domestic Child Care Services	Section 10-17 to Section 10-20	December 2010

Amendment	Update	Section-Page	Date of Amendment
7 continued	Specialized Services for Children with Severe Disabilities; Out of Home Placement; Travel To/From Out of Home Placement	Section 10-75 to Section 10-106	December 2010
	Appendix J: Multi-Disciplinary Team (MDT) Roles and Responsibilities	Appendix J-1 to Appendix J-8	December 2010
	Appendix K: Role of the Multi-Disciplinary Team (MDT) Co-ordinator	Appendix K-1 to Appendix K-2	December 2010
	Appendix L: Tip Sheet for Parents when Choosing an Out of Home Placement	Appendix L-1 to Appendix L-4	December 2010
	Appendix M: Guidelines for Developing an Individualized Service Plan (ISP) for Specialized Services	Appendix M-1 to Appendix M-2	December 2010
	Appendix N: FSCD Guidelines for Demonstrating Effectiveness	Appendix N-1 to Appendix N-2	December 2010
	Appendix O: Program Coordination Protocol between CIS and FSCD	Appendix O-1 to Appendix O-2	December 2010
	Appendix P: Application Package	Appendix P-1 to Appendix P-6	December 2010
	Glossary	Section 14-1 to Section 14-7	December 2010

8	Family-Centred Supports and Services	Section 2-7 to Section 2-8	July 2011
	Application Process	Section 8-3 to Section 8-8	July 2011
	Service Approval – New or Reopened File	Section 8-23 to Section 8-24	July 2011
	Advising Guardian of Decisions	Section 8-45 to Section 8-48	July 2011
	Specialized Services	Section 10-79 to Section 10-80	July 2011
		Section 10-93 to Section 10-94	July 2011
		Section 10-99 to Section 10-102	July 2011
		Section 10-111 to Section 10-112	July 2011
	Concerns Resolution	Section 12-3 to Section 12-16	July 2011
	Appendix A: Forms	Appendix A-1 to Appendix A-2	July 2011
		Appendix A-17 to Appendix A-18	July 2011
		Appendix A-21 to Appendix A-22	July 2011

Amendment	Update	Section-Page	Date of Amendment
8 continued	Appendix A: Forms continued	Appendix A-39 to Appendix A-40	July 2011
		Appendix A-45 to Appendix A-46	July 2011
	Appendix E: Service Delivery Flowcharts (outdated - DELETED)	Appendix E	July 2011
	Appendix E: Provincial and Regional Parent Advisory Committees		
	Appendix M: Guidelines for Developing an Individualized Service Plan (ISP) for Specialized Services	Appendix M	July 2011
9	Family/Child Assessment/Reassessment of Needs	Section 8-9 to Section 8-26	December 2011
	Appendix A: Forms	Appendix A-1 to Appendix A-2	December 2011
		Appendix A-48 to Appendix A-69	December 2011
	Appendix Q: Potential Focus of Family Support for Children with Disabilities Involvement Relevant to Age	Appendix Q-1 to Appendix Q-6	December 2011
	Appendix R: Child/Family Support Pyramid	Appendix R-1 to Appendix R-2	December 2011
	Appendix S: Child's Daily Routine/Schedule	Appendix S-1 to Appendix S-2	December 2011
10	Collection, Use and Disclosure of Child and Family Information	Section 3-1 to Section 3-10	MARCH 2013
	Essential Program Standards	Updated throughout policy	MARCH 2013
	Appendix B: Information Sharing Overview	Appendix B-1 to Appendix B-2	MARCH 2013
	Appendix D: Interregional Transfer Protocols	Appendix D-1 to Appendix D-4	MARCH 2013
	Appendix M: Guidelines for Developing an Individualized Service Plan (ISP) for Specialized Services	Appendix M-1 to Appendix M-2	MARCH 2013
	Appendix O: Program Coordination Protocol between CIS and FSCD	Appendix O-1 to Appendix O-2	MARCH 2013
	Appendix T: FSCD Process when Exploring Suspected Fraud	Appendix T-1 to Appendix T-8	MARCH 2013

PREFACE

The *Family Support for Children with Disabilities (FSCD) Act* was proclaimed on August 1, 2004, at which time the FSCD Program came into effect. The Family Support for Children with Disabilities legislation includes both the *FSCD Act* and FSCD Regulation.

The Family Support for Children with Disabilities Policy and Procedures Manual is available for viewing and/or printing on the Human Services website under *Family Support for Children with Disabilities Act*
www.humanservices.alberta.ca/disabilities.

Table of Contents

Section 1: Finding Information In The Manual	1-1
Information in the Manual.....	1-3
Section 2: Introduction	2-1
Background	2-3
Legal Authority.....	2-4
Values of the FSCD Act	2-4
Purpose of the FSCD Legislation.....	2-5
Vision of the FSCD Program.....	2-5
Program Principles.....	2-6
Family-Centred Supports and Services.....	2-7
Program Responsibilities	2-8
Section 3: Collection, Use and Disclosure of Child and Family Information.....	3-1
Collection, Use and Disclosure of Child and Family Information	3-3
Section 4: Legislation	4-1
<i>Family Support For Children with Disabilities Act</i>	4-3
Family Support for Children with Disabilities Regulation	4-11
Summary of Supports and Services Provided Under the <i>FSCD Act</i> (Chart).....	4-27
Section 5: Program Eligibility	5-1
Eligibility for FSCD Program	5-3
Section 6: Information, Referral and Advocacy Services.....	6-1
Information, Referral and Advocacy Services.....	6-3
Section 7: Overarching Policies and Considerations.....	7-1
Matters to be Considered.....	7-3
Cost-Effective and Appropriate Services	7-5
Accessing Other Available Supports and Services.....	7-7
Guardian's Responsibilities.....	7-10
Section 8: Service Delivery Procedures.....	8-1
Application Process	8-3
Family/Child Assessment/Reassessment of Needs	8-9
Ongoing FSCD Support to Families	8-23

Service Approval – New or Reopened File.....	8-27
Exceptional Consideration Authorization for New or Reopened Files.....	8-30
FSCD Agreement	8-34
Amendment to the FSCD Agreement.....	8-38
Reimbursement for Services.....	8-41
File Closure/Transfer	8-43
Advising Guardian of Decisions	8-50
 Section 9: Family Support Services	 9-1
Family Support Services	9-3
Counselling.....	9-4
Clothing and Footwear.....	9-6
Medical Appointment Supports	9-8
Mileage and Public Transportation.....	9-9
Parking	9-12
Day Trips Over Eight Hours	9-14
Meals and Accommodation.....	9-17
Sibling Care	9-21
Out-of-Province Medical Appointments.....	9-23
Family Support Respite Support	9-27
 Section 10: Child Focused Services	 10-1
Child Focused Services	10-3
Child Focused Respite Services	10-5
Public Transportation to/from Out-of-Home Respite.....	10-13
Homemaker Services.....	10-15
Domestic Child Care Services	10-18
Child Care Supports.....	10-22
Child Care Supports — Children Under 13 Years	10-23
Child Care Supports for Children Age 13 Years and Older.....	10-25
Aide in Child Care Facility	10-27
Additional Space in a Family Day Home	10-30
Aide in Day Care for Developmental Purposes	10-32
Aide Supports	10-35
Personal Care Supports.....	10-36
Community Support	10-38
Behavioural Support	10-40
Developmental Support	10-44
Health-Related Supports.....	10-48
Dental Care and Orthodontic Treatment	10-49
Prescription Drugs	10-54
Prescribed Formula.....	10-58
Special Diet	10-60

Medical Benefits	10-62
Ambulance.....	10-74
Specialized Services for Children with Severe Disabilities	10-76
Out of Home Placement.....	10-103
Travel To/From Out of Home Placement.....	10-113
Section 11: Transition Planning	11-1
Transition Planning	11-3
Transition to Adulthood	11-6
Section 12: Concerns Resolution.....	12-1
Concerns Resolution.....	12-3
Review of an FSCD Program Decision	12-6
Mediation	12-9
Appeal	12-12
Section 13: Appendices.....	13-1
Appendix A: Forms	A-1
FSCD0056 Application for Dental Treatment Assistance.....	A-3
FSCD3595 Call Log - FSCD Program	A-4
FSCD3592 Consent to Release Information	A-5
FSCD0072 Contact Notes	A-6
FSCD1621 FSCD Agreement.....	A-10
FSCD0466 FSCD Amendment Agreement	A-12
FSCD3593 Individualized Family Support Plan.....	A-13
FSCD2019 Intake Application (FSCD/IS).....	A-15
CS3579 Notice of Appeal	A-17
Out of Home Placement Request	A-19
Individualized Family Support Plan – Out of Home	A-21
FSCD0003 Record of Services Provided	A-23
CS3574 Reimbursement for Clothing and Footwear Items	A-25
FSCD3561 Request for Review of a FSCD Program Decision	A-26
FSCD3561-2 Review of FSCD Program Decision	A-27
FSCD0467 Service Provider's Program Plan – FSCD	A-28
FSCD1845 Statement of Expenses.....	A-29
FSCD3594 Verification of On/Off Reserve Status For Funding Purposes	A-31
Medical Benefits Request Form.....	A-32
FSCD Medical Benefits Significant Financial Hardship Form	A-36
Exceptional Consideration Authorization	A-38
Specialized Services Documentation – FSCD Worker Checklist	A-39
Specialized Services Documentation – Parent Checklist.....	A-40
Specialized Services – MDT Coversheet	A-41
Specialized Services – Multi-Disciplinary Team Recommendations	A-42
Specialized Services – Parent Feedback	A-43
FSCD3597 FSCD Application Form	A-44

Specialized Services: Record of Key Decision Points	A-45
Sample Decision Letter	A-46
FSCD3580 Family/Child Assessment of Needs, Part I	A-48
FSCD3601 Family/Child Assessment of Needs, Part II	A-52
FSCD3602 Family/Child Assessment of Needs, Part III	A-59
FSCD3604 Review of Assessed Needs (RAN)	A-63
RAN Sample Cover Letter	A-65
FCAON Part I Sample Cover Letter	A-67
Appendix B: Information Sharing Overview	B-1
Appendix C: Regional Offices	C-1
Appendix D: Interregional Transfer Protocols	D-1
Appendix E: Provincial and Regional Parent Advisory Committees	E-1
Appendix F: Canada Customs and Revenue Agency	F-1
Appendix G: Employee-Employer Relationship	G-1
Appendix H: Sample Outline for the Appeal Committee	H-1
Appendix I: Verification of On/Off Reserve	I-1
Appendix J: Multi-Disciplinary Team (MDT) Roles and Responsibilities	J-1
Appendix K: Role of the Multi-Disciplinary Team (MDT) Co-ordinator	K-1
Appendix L: Tip Sheet for Guardians when Choosing an Out of Home Placement	L-1
Appendix M: Guidelines for Developing an Individualized Service Plan (ISP) for Specialized Services	M-1
Appendix N: FSCD Guidelines for Demonstrating Effectiveness	N-1
Appendix O: Program Coordination Protocol between CIS and FSCD	O-1
Appendix P: Application Package	P-1
Appendix Q: Potential Focus of Family Support for Children with Disabilities Involvement Relevant to Age	Q-1
Appendix R: Child/Family Support Pyramid	R-1
Appendix S: Child's Daily Routine/Schedule	S-1
Appendix T: FSCD Process when Exploring Suspected Fraud	T-1
Section 14: Glossary	14-1
Glossary	14-3

Section 1: FINDING INFORMATION IN THE MANUAL

Information in the Manual

This manual contains:

- ◆ The *Family Support for Children with Disabilities (FSCD) Act*
- ◆ A reprint of each section of the Regulation

All 14 sections of the *Family Support for Children with Disabilities Regulation* are re-printed in this manual. (You can use the Table of Contents to find the page reference for each section of the Regulation.)

Section ...

Text that appears in this type of shaded box has been re-printed from the *Family Support for Children with Disabilities Regulation*.

- ◆ Explanation of the intent of each section of the Regulation

Following each re-print from the Regulation is an explanation of why that section is important to the care and well-being of children with disabilities and their families.

- ◆ Policy Statements

Policy statements provide a basis for consistent decision-making and define the method or course of action used to guide and determine present and future decisions.

- ◆ Procedural Steps

Procedural steps provide an orderly process to implementing policy decisions.

- ◆ Forms

The appropriate form for each procedure is identified for easy access. Samples can be found in Appendix A. To ensure consistency in each practice use the forms allocated for each procedure.

◆ Family Support for Children with Disabilities Information System (FSCDIS)

At the end of each section of this manual where a particular service is identified, the FSCDIS section identifies the name of that service and the associated text as it appears in the provincial information system. This text will appear in the printed FSCD agreement when that service is included in the agreement.

The specific closure reasons selectable in the information system are also identified in the service delivery procedures file closure section of the manual.



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Section 2: INTRODUCTION

Background

Historically the Family Support for Children with Disabilities (FSCD) Program was known as Handicapped Children's Services (HCS) or Resources for Children with Disabilities (RCD). The Program received its authority under Section 106 of the *Child Welfare Act*.

During the Child Welfare Act Review in 2001-02, families of children with disabilities and other key stakeholders stated the unique needs of children with disabilities were not sufficiently addressed within the provisions of the *Child Welfare Act*. The primary themes identified through the Child Welfare Act Review included the need for:

- The Family Support for Children with Disabilities Program to have separate legislation from that of child protection services;
- Enhanced family focused services as well as the opportunity for family's meaningful involvement in FSCD Program and in determining the support and services that will best meet their needs;
- A coordinated multi-disciplinary approach, including assessment of children's short and long term support needs;
- Comprehensive joint service planning and enhanced transitional planning;
- Improved access to information regarding government programs and services as well as community resources; and
- An integrated and coordinated service system, including the Ministries of Health and Wellness, Education and Human Services, to support families and children requiring a range of supports and services.

Human Services responded by introducing the *Family Support for Children with Disabilities (FSCD) Act*. The *FSCD Act* replaces Section 106 of the *Child Welfare Act*. The *FSCD Act* is the first of its kind in Canada, providing separate legislation for children with disabilities and their family. The *FSCD Act* came into effect on August 1, 2004.

Human Services developed the *Family Support for Children with Disabilities Act* through extensive consultation with, and participation by, parents of children with disabilities, community stakeholders, advocates, health care professionals, aboriginal representatives and service providers. The result is an Act that recognizes the importance of proactive supports and services for children with disabilities and their families and promotes a family centred approach to the provision of disability related supports and services.

Legal Authority

Legal authority for the Family Support for Children with Disabilities Program is provided by the *Family Support for Children with Disabilities Act*.

The *Family Support for Children with Disabilities Act* and Regulation provide an enabling legislation outlining the supports and services that the FSCD Program is able to provide.

Values of the *FSCD Act*

The Act's preamble statements set the overall tone for the legislation. The preamble recognizes and endorses the following important values:

- Honour and respect the dignity and equal worth of children with disabilities;
- Recognize and value the ability of families to care for and to promote the development of their children with disabilities;
- Acknowledge the value of family-centred support and services in empowering and preserving families of children with disabilities;
- Recognize that the individual needs of children with disabilities are most effectively met through an integrated and multi-disciplinary approach; and
- Recognize the importance of facilitating the inclusion of children with disabilities in community life.

Purpose of the FSCD Legislation

The purpose of the Family Support for Children with Disabilities legislation, which includes the *FSCD Act and Regulation*, is to:

- Provide a spectrum of proactive family-centred supports and services to strengthen the family's ability to promote their child's healthy growth and development;
- Build upon the family's strengths and abilities as well as their existing supports and resources to help increase their capacity to promote their child's development;
- Address the unique needs of families in supporting their child with a disability throughout the stages of childhood and as they prepare for becoming an adult;
- Enable families to continue to care for their child in the family home and community;
- Provide integrated and coordinated supports and services to families of children with disabilities; and
- Promote greater consistency in access to required supports and services.

Vision of the FSCD Program

The vision of the Family Support for Children with Disabilities Program is that families have the skills, support and resources required to care for and promote their child's development and participation at home and in their communities.

This vision can be accomplished by;

- Focussing on what the child can do instead of how it is accomplished; and
- Making adaptations to support the child's activity and participation.

Program Principles

Family Support for Children with Disabilities (FSCD) Program is guided by the following principles:

- Recognize and build on the strengths, abilities and resources of the family in caring for their child with a disability.
- Adhere to family-centred practice, recognizing and valuing the unique strengths and abilities as well as the responsibility of families as the primary source of care and support for their child.
- View the needs of the family and their child from a life course perspective and consider the needs of the family and child over the long term.
- Recognize the importance of facilitating the inclusion of children with disabilities in community living.
- Engage in family-centred decision-making and partnerships with parents.
- Respect the cultural and socio-economic diversity of families.
- Provide supports and services in a manner that recognizes the uniqueness of each family.
- Be transparent regarding the supports and services available to families as well as facilitate family's access to information.
- Support service delivery that is proactive, flexible, sustainable, accessible and responsive.
- Assist with the coordination of services at local, regional and provincial levels.

Family-Centred Supports and Services

Family-centred service delivery is a way of providing service that focuses on ensuring that families are active partners in planning and decision-making regarding supports for their family.

The following are evidence based principles for working with families of children with disabilities identified through research and practice (Dunst, Trevette & Hamby 2007):

1. Focus on the family (not just the child) as the unit of intervention.
2. Family empowerment as the goal of intervention.
3. Identify and build on family strengths to support family functioning
4. Use of the family's informal social support network as a primary source of support and resource for meeting family needs.
5. Family identified goals are the targets of intervention.
6. Professional help-giving roles emphasize building family capacity not dependency.
7. Use of promotion rather than treatment models to guide intervention: promoting and supporting family functioning through enhancing their skills
8. Adoption of perspective where intervention is defined as the provision of support from members of a family's formal or informal social network that influence family functioning.

The FSCD Program recognizes that families are the primary source of care and support for children and that it is within the context of the family that children develop. Family-centred service delivery reinforces the importance of viewing the family and child as an entire unit and respecting the values, cultural background and unique needs of each family. Family-centred service delivery also involves establishing trust and rapport with families, providing families with information that enables informed decision-making, and provides families alternatives and choices, based on their own strengths and needs.

FSCD supports and services focus on the family having the resources and tools they require in order to promote their child's activity and participation at home and in the community.

Program Responsibilities

Comply with the *Family Support for Children with Disabilities (FSCD) Act*, Regulation and policy.

Act in accordance with all other relevant legislation:

- FSCD staff must comply with all of the requirements to report any child protection concerns as legislated in the *Child, Youth and Family Enhancement (CYFE) Act*,
- FSCD staff will respond to concerns of family violence that may impact the child as described in the *Protection Against Family Violence (PAFV) Act* by reporting incidents of family violence to Child Intervention Services; and
- Information regarding families and children must be collected, used and disclosed in accordance with the *FSCD Act* and *Freedom of Information and Privacy Act (FOIP) Act*. The confidentiality requirements of the *FOIP Act* do not release FSCD workers from their obligation to report to Child Intervention Services when there is evidence of any child protection concerns, as identified in Section 1(2) of the *CYFE Act*.

Ensure that families are aware of the options available to them under the FSCD Concerns Resolution Process, including mediation and appeal.



Section 3: COLLECTION, USE AND DISCLOSURE OF CHILD AND FAMILY INFORMATION

Collection, Use and Disclosure of Child and Family Information

Rules and authority for collecting, using and disclosing child and family information comes from the FSCD legislation as well as from the *Freedom of Information and Protection of Privacy (FOIP) Act*.

Whereas the FSCD Act, regulations, and policies indicate what information is required and how and when to gather and use that information, FOIP places legal obligations on Human Services to protect the personal information collected, used, disclosed and handled by the Ministry.

Principles

- ◆ The following principles provide direction for sharing information related to providing services and supports to children, youth, adults and families (Government of Alberta: *Information Sharing Guideline*).
 - **Respect for Privacy** – The right to individual privacy of children, youth, adults and families must be respected. Only the minimum amount of personal and health information necessary may be shared within the requirements of existing legislation.
 - **Consent Based** – Informed consent from the individual or their parent/guardian where appropriate, is the preferred method of enabling the sharing of information among professionals and service providers.
 - **Coordinated Services and Supports** – Children, youth, adults and families are better served when services and supports are provided in a holistic manner that considers the needs and resources required to meet those needs in an integrated approach, rather than in isolation.
 - **Clarity** – Children, youth, adults and families must be helped to understand why and how their information will be shared and how services will be provided as a result of the information being shared.

Use of Personal Information

- ◆ The phrase “use of personal information” refers to using information to accomplish the program purposes for which it was collected. For example, personal information might be used to administer a program, to provide a service or to determine eligibility for a support or service under the *FSCD Act* and associated Regulation.
- ◆ Personal information is to be collected and accessed on a “need to know” basis, related to job responsibilities. This appropriate use practice applies even if the FSCD worker has access to more personal information than is required to carry out his/her job.

Collection of Personal Information

- ◆ FSCD workers may only collect personal information directly related to and necessary for the delivery of FSCD Program supports and services.
- ◆ FSCD workers should, wherever possible, collect personal information about a child or family directly from the guardian.
- ◆ FSCD workers must be able to provide the person providing the information with an explanation that outlines:
 - Why the personal information is required;
 - How the personal information will be used;
 - Options regarding provision of the personal information, and consequences that may result from not being able to determine level or type of supports and services without the necessary information; and
 - If the guardian requires additional information or explanation, the name and contact information of the appropriate person who can answer the guardian’s questions about the collection of personal information by the FSCD Program.
- ◆ Prior to collecting any personal information from the guardian at intake and during the assessment of needs process the FSCD worker will:
 - 1) Inform the guardian that any information that they provide will be:

-
- Collected under the authority of the *Family Support for Children with Disabilities (FSCD) Act* and Section 33(c) of the *Freedom of Information and Protection of Privacy (FOIP) Act*;
 - Managed in accordance with the *FOIP Act*;
 - Shared only if authorized or required by law (i.e., as a part of a criminal or child welfare investigation, by Order of the Court, a fraud investigator, or FOIP officer);
 - Used to help determine eligibility for the FSCD Program;
 - Used to help identify appropriate information and referral resources to provide the guardian;
 - Used to help coordinate supports and services based on the family's individual needs and circumstances; and
 - Used to help determine the FSCD supports and services to be provided.
- 2) Encourage the guardian to contact them if they have further questions about the collection of their personal information or how their information will be used.

Disclosure of Personal Information

- ◆ FSCD workers may be asked to disclose information or release a document from the child's FSCD file. When the FSCD worker receives a request to release personal information, the worker must determine:
 - Who is making the request;
 - What information is being requested;
 - The purpose of the request; and
 - If they have the guardian's consent to share information.

NOTE: If there is any doubt about whether or not to release information, the FSCD worker should consult with their Supervisor.

Disclosing personal information to the guardian:

- If the guardian requests documentation from their child's FSCD file, provide the documents unless the documents:

- contain sensitive information (e.g., allegations of fraud or abuse); or
 - disclose personal information about a third party.
- If the guardian requests documents that include sensitive or third party information, or if the guardian requests the full contents of a large file, the FSCD worker will refer the guardian to the Information and Privacy Office, FOIP at 780-427-2805 (toll-free by first dialling 310-0000).

Disclosing personal information to a Third Party (e.g., health; service provider, school, etc.):

- The FSCD worker requires the guardian's written consent (see Consent to Release Information FSCD3592) to share the child's or family's personal information to a third party, except under the following conditions:
 - To report a child who might need intervention under the Child Youth & Family Enhancement Act.
 - If required by law (i.e., as a part of a criminal or child welfare investigation, by Order of the Court, a fraud investigator, or FOIP officer) [FOIP 40(1)(g)].
 - If required by other FSCD Program staff including the MDT Co-ordinator in order for them to perform their duties [FOIP 40(1)(h)].
 - If required by other Human Services program staff in order to perform their duties (i.e., Child Intervention, Family Enhancement, Supports for Permanence etc. [FOIP 40(1)(h)]).
 - For the use in a proceeding before a court or quasi-judicial body to which the Government of Alberta or a public body is a part (i.e., Appeal Secretariat [FOIP 40(1)(v)]).
 - If necessary for the delivery of a common or integrated program such as the PUF/FSCD pilot.
- FSCD workers must document on the child's FSCD file any personal information they release including:
 - the date of the disclosure;
 - what information was disclosed;

-
- to whom it was disclosed;
 - the purpose for the disclosure; and
 - who authorized the disclosure.
 - The FSCD worker may only disclose the personal information that is necessary for the authorized purpose.
 - When sharing documents, the original document must be retained on the child's FSCD file.

Disclosing information about a communicable disease (e.g. HIV, Hepatitis C):

- Under the *Freedom of Information and Protection of Privacy Act* and the *Personal Information Protection Act*, should the FSCD worker become aware of the diagnosis of a communicable disease such as HIV infection, the right to privacy of the child and guardian must be respected.
- The FSCD worker will refer the guardian to Alberta Employment Standards and Alberta Occupational Health and Safety for specific information and advice regarding their employer responsibilities, relevant occupational health and safety standards as well as any other employer obligations regarding the risk of exposure to a communicable disease and transmission prevention (including routine practices).
- The FSCD worker will encourage the guardian to disclose relevant information, as necessary, to service providers working directly with the child.
- If a guardian refuses to disclose information about their child's communicable disease to service providers and there are specific concerns about the service provider being at risk of exposure, the FSCD worker will consult with their Supervisor. The worker and Supervisor will determine the need for consultation with Legal Services on a case by case basis.

NOTE: All service providers working directly with clients should be aware and reminded of the importance of following routine practices to protect their health and the health of the clients they work with.

Information about routine practices and precautions is available on the Government of Alberta website or by calling toll free:

- ❖ Alberta Employment Standards 1-877-427-3731
- ❖ Alberta Occupational Health and Safety 1-866-415-8690

Employee Responsibility to Protect Personal Information

- ◆ Given the need to handle personal information, FSCD workers must:
 - Be aware of requirements for protecting personal information (see <http://infosharing.gov.ab.ca>).
 - Access personal information only on a "need to know" basis, as related to their job responsibilities.

Penalties for Breach of Confidentiality

- ◆ Human Services is committed to the appropriate management of personal information. Inappropriate collection and use may result in disciplinary action, up to and including termination of employment.
- ◆ Under Section 92 of the *FOIP Act*, persons who wilfully collect, use or disclose personal information, in contravention of the *FOIP Act*, are guilty of an offence and liable to a fine of not more than \$10,000.

FORMS AND RESOURCES:

- ◆ Contact Notes (FSCD0072)
- ◆ Consent to Release Information (FSCD3592) - see Appendix A
- ◆ Information Sharing for Human Service Providers in the Alberta Public Sector (Red/Green light document), (See Appendix B).
- ◆ *Information Sharing Guideline* <http://infosharing.gov.ab.ca> (see Publications).
- ◆ FOIP information is available from the Information and Privacy Office, Alberta Employment and Immigration, 780-427-2805, toll-free by first dialling 310-0000.

Section 4: LEGISLATION

Family Support For Children with Disabilities Act

Chapter F-5.3

Table of Contents

- 1 Definitions
- 2 Director
- 2.1 Decision-making criteria
- 3 Family support services
- 4 Child-focused services
- 4.1 Eligible children
- 4.2 Minor guardians
- 5 Termination and recovery
- 6 Mediation
- 7 Appeal
- 8 Appeal committee
- 8.1 Decision-making criteria
- 9 Appeal committee powers
- 10 Regulations
- 11 Transitional
- 12,13 Consequential amendments
- 14 Coming into force

Preamble

WHEREAS the people of Alberta honour and respect the dignity and equal worth of children with disabilities;

WHEREAS the Legislature of Alberta recognizes and values the ability of families to care for and to promote the development of children with disabilities;

WHEREAS the Legislature of Alberta acknowledges the value of family-centred support and services in empowering and preserving families of children with disabilities;

WHEREAS the Legislature of Alberta recognizes that the individual needs of children with disabilities are most effectively met through an integrated and multi-disciplinary approach; and

WHEREAS the Legislature of Alberta recognizes the importance of facilitating the inclusion of children with disabilities in community life:

THEREFORE HER MAJESTY, by and with the advice and consent of the Legislative Assembly of Alberta, enacts as follows:

Definitions

1 In this Act,

- (a) "agreement" means, except in clause (e)(ii), an agreement entered into under section 3 or 4;
- (b) "director" means the director designated by the Minister pursuant to section 2;
- (c) "disability" means a chronic developmental, physical, sensory, mental or neurological condition or impairment but does not include a condition for which the primary need is for medical care or health services to treat or manage the condition unless it is a chronic condition that significantly limits a child's ability to function in normal daily living;
- (d) "child" means an individual under the age of 18 years;
- (e) "guardian" means
 - (i) a person who is or is appointed a guardian of the child under Part 7 of the Domestic Relations Act, or
 - (ii) a person who is a guardian of the child under an agreement or order made pursuant to the Child Welfare Act;

(f) "Minister" means the Minister determined under section 16 of the Government Organization Act as the Minister responsible for this Act.

2003 cF-5.3 s1;2004 c6 s2

Director

2(1) The Minister may designate an employee of the Government under the administration of the Minister as the director for the purposes of this Act.

(2) The director may delegate any powers and duties of the director, including the power to sub delegate, to any person employed or assisting in the administration of this Act.

Decision-making criteria

2.1 When making a decision under this Act the director must consider the criteria for making a decision provided for in the regulations.

2004 c6 s3

Family support services

3(1) If a medical diagnosis, in a format satisfactory to the director, of a child's condition or impairment indicates that the child has a disability, the director may

(a) assist the child's guardian in

(i) identifying, obtaining and co-ordinating services and supports available in the community and from the municipality and the governments of Alberta and Canada,

(ii) obtaining information concerning the child's disability, and

(iii) advocating on behalf of the child and the guardian,

and

(b) enter into an agreement with the child's guardian, in a form satisfactory to the director, with respect to the provision of family support services to the guardian.

(2) An agreement under subsection (1) must include, in accordance with the regulations, terms prescribing the nature and amount of services to be provided by the director.

Child-focused services

4(1) If

- (a) a medical diagnosis, in a format satisfactory to the director, of a child's condition or impairment indicates that the child has a disability, and
- (b) an assessment of the child, completed in a manner satisfactory to the director, indicates that the disability significantly limits the child's ability to function in normal daily living,

the director and the child's guardian may enter into an agreement, in a form provided for in the regulations, with respect to the provision of child-focused services.

(2) In determining the terms of an agreement under subsection (1), the director and the guardian

- (a) must have regard to the assessment referred to in subsection (1)(b), and
- (b) may consult with experts in disabilities and persons who have knowledge of the child's functional abilities.

(3) An agreement under subsection (1) must include, in accordance with the regulations,

- (a) a child-focused services plan setting out the services required to meet the needs of the child, and
- (b) terms prescribing
 - (i) the nature and amount of services to be provided by the director, and
 - (ii) the responsibilities of the guardian with respect to the services set out in the child-focused services plan.

2003 cF-5.3 s4;2004 c6 s4

Eligible children

4.1 Only a child who is a Canadian citizen or a permanent resident within the meaning of the Immigration and Refugee Protection Act (Canada) and who is ordinarily resident in Alberta is eligible to be the subject of an agreement.

2004 c6 s5

Minor guardians

4.2 Notwithstanding a guardian's minority, a guardian who is a minor may enter into an agreement with the director with respect to the guardian's child.

2004 c6 s5

Termination and recovery

5(1) If in the opinion of the director a guardian contravenes an agreement under section 3 or 4, the director may cancel the agreement on 30 days' written notice to the guardian.

(2) If, pursuant to an agreement under section 3 or 4, the director has paid for services to a guardian or to a person on behalf of the guardian in excess of the amount set out in the agreement, the excess may be recovered by the director as a debt due the Crown.

Mediation

6(1) The director and a guardian may enter into mediation with respect to any decision made by the director under this Act.

(2) No action may be brought against a person who conducts a mediation under this section for any act done or omitted to be done with respect to the mediation unless it is proved that the person acted maliciously and without reasonable and probable cause.

Appeal

7(1) A guardian may appeal a decision of a director made under section 3(1)(b), 4 or 5(1) to an appeal committee established under section 8.

Section 4-7

(2) An appeal under subsection (1) must be commenced by serving a notice of appeal, in the form provided for in the regulations, on the director within 45 days of the date on which the guardian has been notified of the decision that is the subject of the appeal.

(3) A director must, within 10 days of receiving a notice under subsection (2), deliver it to a chair of an appeal committee.

(4) Despite subsection (2), if the director and the guardian have entered into mediation pursuant to section 6, the time for commencing an appeal is suspended until the conclusion or abandonment of the mediation.

Appeal committee

8(1) The Minister may establish one or more appeal committees each consisting of not fewer than 3 nor more than 7 persons appointed by the Minister.

(2) A member of an appeal committee may be appointed for a term of not more than 3 years and for not more than 2 consecutive terms.

(3) The Minister may

- (a) designate the chair, vice-chair and secretary of an appeal committee,
- (b) prescribe the number of members of an appeal committee that constitutes a quorum, and
- (c) authorize and provide for the payment of the remuneration and expenses of the members of an appeal committee.

Decision-making criteria

8.1 When making a decision under this Act an appeal committee must consider the criteria for making a decision provided for in the regulations.

2004 c6 s6

Appeal committee powers

9(1) The Administrative Procedures Act applies to the proceedings of an appeal committee.

(2) An appellant may be represented at a hearing of an appeal by a lawyer or by any other person.

(3) An appeal committee

(a) may confirm, vary or rescind the decision of the director under appeal, and

(b) must notify the appellant and the director, in writing, of its decision.

Regulations

10 The Minister may make regulations

(a) respecting forms;

(b) respecting contents of agreements under sections 3 and 4;

(c) respecting the nature and amount of family support services and child-focused services that may be provided by a director under the terms of an agreement;

(d) respecting the standards for services to be provided pursuant to agreements under sections 3 and 4;

(e) respecting the criteria to be considered when making a decision under this Act.

2003 cF-5.3 s10;2004 c6 s7

Transitional

11(1) On the coming into force of this Act, an existing agreement under section 106 of the Child Welfare Act continues until the agreement expires or an agreement is entered into under this Act.

(2) On the coming into force of this Act, an appeal from a decision of a director respecting a matter under section 106 of the Child Welfare Act that has been

commenced under section 120 of that Act but has not been disposed of by an Appeal Panel continues under that Act as if this Act had not come into force.

Amends RSA 2000 cC-12

12 The Child Welfare Act is amended

- (a) in section 33(2) by striking out "or pursuant to an agreement under section 106";
- (b) by repealing the heading "Handicapped Child" that precedes section 106;
- (c) by repealing section 106;
- (d) by repealing section 120(2)(f);
- (e) by repealing section 131(2)(i).

2003 cF-5.3 s12;2004 c6 s8

Amends RSA 2000 cS-3

13 The School Act is amended in section 44(2)(b) by striking out "section 106 of the Child Welfare Act" and substituting "the *Family Support for Children with Disabilities Act*".

Coming into force

14 This Act comes into force on Proclamation.

Family Support for Children with Disabilities Regulation

(Consolidated up to 315/2006)

ALBERTA REGULATION 140/2004

Family Support for Children with Disabilities Act

FAMILY SUPPORT FOR CHILDREN WITH DISABILITIES REGULATION

Table of Contents

- 1 Definitions
- 2 Matters to be considered
- 2.1 Service provider restrictions
- 3 Family support services
- 4 Child-focused services
- 4.1 Extraordinary drug approvals
- 5 Term of agreement
- 6 Services delivery
- 7 Appeal notice
- 8 Expiry
- 9 Coming into force

Schedule

Definitions

- 1 In this Regulation,
 - (a) repealed AR 315/2006 s2;
 - (b) "day care facility" means day care facility as defined in the *Day Care Regulation* (AR 180/2000);
 - (c) "family day home" means a person's residence where that person provides care and supervision to preschool children pursuant to a contract with an agency that has a contract with a Child and Family Services Authority to administer a family child care service;

- (c.1) "parent" includes a person who is standing in place of a parent as described in section 48(1) of the *Family Law Act* or a guardian;
- (d) "prescription drug" means a drug that is on the Alberta Health and Wellness Drug Benefit List approved by the Minister of Health and Wellness;
- (e) "public transport" means public disability transportation, a taxi, a rented car, a train or a commercial bus or plane;
- (f) "relative" means a person who is a child's parent, grandparent, aunt, uncle, first cousin or sibling.

AR 140/2004 s1;315/2006

Matters to be considered

2 When making a decision under the Act, the director and an appeal committee must consider the following:

- (a) the responsibilities a guardian normally has in raising a child;
- (b) the impact the child's disability has on the family;
- (c) the strengths and abilities of family members to care for the child;
- (d) the physical and emotional well-being of the guardians and others living in the same home as the child;
- (e) the severity of the child's disability;
- (f) the child's developmental stage relevant to age-appropriate functioning;
- (g) the family's composition;
- (h) the needs of the child's siblings;
- (i) the cultural values and beliefs of the guardians;
- (j) the needs of the family in caring for the child during scheduled school breaks and school holidays;
- (k) the child's and family's involvement in community programs and activities;
- (l) the availability of persons other than the child's guardians to provide support and assistance in caring for the child;

-
- (m) the availability and accessibility of appropriate programs, services and other resources within the community where the child lives;
 - (n) the geographic location of the child's home community;
 - (o) any other relevant matter.

Service provider restrictions

2.1(1) Subject to subsections (2) and (3), services referred to under section 3 or 4 must be provided by an adult who is not a relative.

(2) An adult relative, except for a parent, may provide respite services under sections 3(h) and 4(1)(a) if that relative, in the opinion of the director, is the most appropriate caregiver.

(3) A person who is 16 or 17 years of age, who is not a relative, may provide the following services:

- (a) respite services under sections 3(h) and 4(1)(a)(i);
- (b) homemaker services under section 4(1)(c);
- (c) child care services for a child 13 years or more under section 4(1)(e)(ii);
- (d) community aide services under section 4(1)(h).

AR 315/2006 s3

Family support services

3 An agreement under section 3 of the Act between the director and a child's guardian must be in Form 1 in the Schedule and may provide for the following family support services:

- (a) up to 20 hours annually of individual and family counselling to assist the family in caring for the child;
- (b) if the child has extraordinary need for clothing and footwear directly related to the child's disability, up to \$400 annually;
- (c) for travel in Alberta to a child's medical or rehabilitation appointments or for hospitalization, directly related to the child's disability,
 - (i) \$0.12 for each kilometre or, if public transport is used, the cost of the most cost-effective and appropriate means of public transport for the child and one adult accompanying the child, and

- (ii) up to \$10 daily for parking;
- (d) for travel in Alberta to a child's medical or rehabilitation appointments or for hospitalization, directly related to the child's disability, if attending the appointments requires that the child be out of the home for at least 8 hours but not overnight,
 - (i) up to \$5 daily for meals for the child and up to \$8 daily for meals for an adult accompanying the child, and
 - (ii) family support services described in clause (c);
- (e) for travel in Alberta to a child's medical or rehabilitation appointments or for hospitalization, directly related to the child's disability, if in the opinion of a director overnight accommodation is required,
 - (i) up to \$85 daily for hotel accommodation,
 - (ii) up to \$10 daily for meals for the child unless the child is in hospital or in a facility where accommodation includes meals and up to \$15 daily for meals for an adult accompanying the child or up to \$100 weekly for the purchase of groceries for food preparation for the child and the adult,
 - (iii) if in the opinion of the director a 2nd person must accompany the child, up to \$15 daily for meals for the 2nd person or an additional \$50 weekly for groceries for food preparation for the 2nd person and, if the adult, person and child are using public transport, the cost of the most cost-effective appropriate means of public transport, and
 - (iv) family support services described in clause (c);
- (f) the cost of caring for the siblings of the child if the care is necessary to enable the adult who usually cares for the siblings to accompany the child to medical or rehabilitation appointments or hospitalizations directly related to the child's disability;
- (g) if the child attends medical or rehabilitation appointments or hospitalizations outside Alberta directly related to the child's disability that are funded by the Minister of Health and Wellness, family support services described in clauses (e) and (f) may be provided;
- (h) up to 240 hours annually of care for the child, for the purpose of providing temporary respite to the guardian.

AR 140/2004 s3;315/2006

Child-focused services

4(1) An agreement under section 4 of the Act between the director and a child's guardian must be in Form 1 in the Schedule and may provide for the following child-focused services:

- (a) the following respite service based on the child's need for care related to the disability and the guardian's need for respite:
 - (i) short-term hourly care for the child;
 - (ii) if an extended period of respite services are needed, up to 30 24-hour days of care annually for the child;
 - (iii) if more respite services are needed to maintain the guardian's home as the child's primary residence, additional 24-hour days annually of care for the child outside the child's home;
- (b) if respite services are provided under clause (a)(ii) and (iii) and public transport is the only possible means of travel, the cost of the most cost-effective and appropriate means of public transport for the child and one adult to accompany the child to and from the child's home to the place where the respite services are provided;
- (c) in order to assist in completing routine house cleaning and laundry that are impeded by the intensive care needs of the child directly related to the child's disability, up to 12 hours monthly of homemaker services;
- (d) up to 50 hours weekly of care for the child in the home, sibling care and assistance to the family with household daily tasks if in the opinion of the director that because of the child's various complex needs this is the most appropriate and cost-effective way to provide for the child's and family's needs;
- (e) while the guardian is at work, at school or attending training sessions, the following child-focused services:
 - (i) if the child is less than 13 years of age, the portion of child care costs directly related to the child's disability that are over and above the normal costs of child care;
 - (ii) if the child is 13 years of age or more, the costs of child care required because of the child's disability;
 - (iii) the cost of an aide, if required, for the child attending a day care facility or an out-of-school program if the aide is needed because of the child's disability to ensure the safety and supervision of the child and to have the child included in activities;

- (iv) the cost for additional space in a family day home, if additional space is needed because of the child's disability to ensure the safety and supervision of the child and to have the child included in activities;
- (f) the cost of up to 4 hours for each weekday to a maximum of 20 hours weekly for child care in a day care facility and for an aide to assist the child in the day care facility, if the child is to attend a day care facility not because the guardian is at work, at school or attending training sessions but because
 - (i) a physician has identified the need for the child to attend a day care facility to enhance the child's development,
 - (ii) the child's program plan satisfactory to the director identifies the need for the child to attend a day care facility,
 - (iii) the child meets eligibility criteria for and is awaiting the commencement of preschool programming from the Department of Education, and
 - (iv) the child requires services and has delays related to at least 2 areas of the child's development;
- (g) up to 4 hours daily for an aide to assist with the child's personal hygiene and other daily personal care activities if
 - (i) the child is dependent on an adult to meet the child's personal hygiene and other daily personal care activities needs, and
 - (ii) the child's ability to meet the child's needs is not appropriate to the age of the child;
- (h) up to 144 hours annually for an aide to assist the child in participating in community programs and activities if the child's disability prevents the child from participating without the assistance of another person;
 - (i) up to 10 hours weekly for a maximum of 6 months, or more months if a review, satisfactory to the director, states that more is needed, for an aide
 - (i) to assist the child in behaviour management and to assist the child's guardian to manage the child's behaviour if the child's behaviour
 - (A) is unsafe for the child and others or significantly limits the child's ability to carry out activities of normal daily living,

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- (B) the assistance of an aide is likely to achieve measurable improvement in the child's behaviour or sustain a level of behaviour or prevent a regression in the child's behaviour or increased dependency in the child's behaviour and is not for the purpose of assisting the child's educational or academic development, and
 - (C) the proposed assistance of the aide is based on established rehabilitative practices, strategies and approaches that are reasonable, least intrusive and, in the opinion of the director, have been demonstrated to be effective,
- (ii) to assist the child and to teach the child's guardian to assist the child to reach a developmental goal if
- (A) the child has a developmental deficiency that significantly limits the child's ability to carry out activities of normal daily living,
 - (B) the assistance is likely to achieve measurable improvement in the child's development or sustain a level of development or prevent a regression or increased dependency in the child's development and is not for the purpose of assisting the child's educational or academic development, and
 - (C) the proposed assistance of the aide is based on established rehabilitative practices, strategies and approaches that are reasonable, least intrusive and, in the opinion of the director, have been demonstrated to be effective,
- or
- (iii) to assist the child for reasons referred to in subclauses (i) and (ii);
- (j) the following health-related services if they are directly related to the child's disability:
- (i) the costs of dental and orthodontic treatment if it is recommended by the dental review committee established by the Alberta Dental Service Corporation
 - (A) for the portion of costs exceeding the costs covered by the guardian's dental insurance or benefit plan, or
 - (B) if the guardian does not have dental insurance or a benefit plan for dental care, the costs exceeding \$250 annually;

- (ii) if the guardian has a health services insurance or benefit plan,
 - (A) up to 30% of the cost of prescription drugs or drugs that are approved by the health services insurance or benefit plan, if the plan does not cover 100% of the cost, or
 - (B) the cost to the guardian of an additional health services insurance or benefit plan premium, if the cost of the prescription drugs the guardian would have to pay under paragraph (A) exceeds the cost of the premium of the additional insurance or plan;
- (iii) if a guardian does not have a health services insurance or benefit plan to cover prescription drugs and
 - (A) if the guardian applies for coverage by such insurance or plan, the cost of prescription drugs for the lesser of 4 months or until the insurance or plan takes effect, or
 - (B) if the full cost of the prescription drugs is less than the cost to the guardian to purchase such insurance or plan, the cost of the prescription drugs;
- (iv) the amount by which formula prescribed or ordered by a physician in consultation with a registered dietitian or registered nutritionist or ordered by a registered dietitian or registered nutritionist exceeds the usual cost of formula for a child that age;
- (v) the amount by which food prescribed or ordered by a physician, registered dietitian or registered nutritionist exceeds the usual cost of food for a child that age if the prescribed or ordered food is not vitamins but is part of an accepted, non-experimental nutritional regime to effectively manage an identified condition or dietary need of the child;
- (k) the cost of medical benefits directly related to the child's disability and, if the child has a sibling who is subject to an agreement under this subsection, the child's sibling's disability that is in excess of 2% of the aggregate net income reported on line 236 of the previous year's income tax return by the child's parents if, subject to subsection (4),
 - (i) the medical benefit is life sustaining or it would be debilitating if the child did not receive the medical benefit,
 - (ii) another program or source does not provide the same or similar benefit in whole or in part regardless of whether the child is eligible to receive it,

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- (iii) the use of the medical benefit is based on established rehabilitation practices, strategies and approaches that are reasonable and demonstrated to be effective, and
 - (iv) the medical benefit is available in Alberta;
 - (l) if a child's condition related to the child's disability requires emergency transportation by ambulance and the guardian does not have a health care insurance or benefit plan to cover ambulance services and the guardian applies for coverage under such an insurance or plan, the cost of ambulance services for the lesser of 4 months or until the insurance or plan takes effect;
 - (m) if a child has a severe disability resulting in significant limitations and service needs in 2 or more of the following areas:
 - (i) behaviour;
 - (ii) communication and socialization skills;
 - (iii) cognitive abilities;
 - (iv) physical and motor development;
 - (v) self-help skills and adaptive functioning;and if
 - (vi) the level and complexity of the child's needs require an array of integrated and coordinated services, including one or more specialized services,
 - (vii) a multi-disciplinary team has completed an assessment that identifies that the child has a critical need for a specialized service and recommends to the director that a specialized service be provided,
 - (viii) an individualized plan, satisfactory to the director, has been developed to coordinate and direct the delivery of services, including a specialized service,
 - (ix) the proposed specialized service is likely, in the opinion of a multi-disciplinary team, to achieve measurable improvement in a reasonable and predictable period of time or to sustain or to prevent a regression or dependency in the child's activities of normal daily living,
 - (x) the proposed specialized service is based on established rehabilitative practices, strategies and approaches that are

reasonable, least intrusive and demonstrated to be effective, and

- (xi) other available programs and services are not appropriate or are insufficient to meet the child's needs,

one or more specialized services for the child and consultation services for the child's guardian with respect to the specialized services, but with respect to areas referred to in subclauses (i) to (v) specialized services may not be provided for the purpose of assisting the child's education or academic development;

- (n) care of the child in a residence other than the guardian's home if the needs of the child cannot be met in the guardian's home;
- (o) if care is provided to a child in a residence under clause (n), the cost of transportation at \$0.12 for each kilometre or if public transport is the only possible means of travel, the cost of the most cost-effective and appropriate means of public transport
 - (i) for the child and one adult to accompany the child to and from the guardian's home to the residence,
 - (ii) for the guardian to visit the child in the residence, and
 - (iii) for the child to visit the guardian in the guardian's home.

(2) In subsection (1)(m),

- (a) "activities of normal daily living" include, but are not limited to, in an age-appropriate manner,
 - (i) communication and interaction,
 - (ii) feeding, bathing, dressing and toileting, and
 - (iii) understanding and decision-making;
- (b) "severe disability" means a condition or impairment that
 - (i) results in a major loss of the child's functional ability or capacity to engage in the activities of normal daily living, and
 - (ii) requires the guardian and other caregivers to provide continual and ongoing supervision, assistance and support in the activities of normal daily living to ensure the child's safety or to facilitate the child's participation at home and in the community.

(3) In subsection (1)(k), "medical benefits" means

(a) a medical supply, or

(b) if approved under section 4.1, a drug as prescribed by a physician and as recorded by a pharmacist.

(4) In subsection (1)(k), a parent's income is included in the calculation of the aggregate net income where

(a) the child resides on a consistent or regular basis with the parent, or

(b) the child would consistently or regularly reside with the parent if the child's needs could be met in the parent's home.

AR 140/2004 s4; 105/2005; 315/2006

Extraordinary drug approvals

4.1(1) A director may approve a drug as a medical benefit for the purpose of section 4(1)(k) if

(a) the drug is not a prescription drug or the drug is a prescription drug that is not indicated in the Alberta Health and Wellness Drug Benefit List for use in treatment of the child,

(b) none of the prescription drugs indicated in the Alberta Health and Wellness Drug Benefit List for use in the treatment of the child were effective to treat the child,

(c) the drug has already been prescribed by a physician to treat the child and the medical evidence is that it was an effective treatment, and

(d) the drug is approved under the *Food and Drug Act* (Canada) for sale or distribution in Canada.

(2) A director, in deciding to approve a drug, may take into account a recommendation by the Common Drug Review Committee.

AR 315/2006 s6

Term of agreement

5 An agreement under section 3 or 4 of the Act

(a) must have a term of not more than one year, and

(b) may be amended at any time with the consent of the director and the guardian who is a party to the agreement and the amendment may, subject to clause (a), extend the term of the agreement.

Services delivery

6(1) Agreements under sections 3 and 4 of the Act may provide for services in the manner that the director considers to be the most cost-effective and appropriate.

(2) Before receiving services pursuant to an agreement under section 3 or 4 of the Act, a guardian must use services on behalf of the child readily available from dental insurance, health services insurance and benefit plans and apply for assistance under other dental insurance, health services insurance and benefit plans and Government and community programs, if in the opinion of the director those programs would be equivalent to the services provided under an agreement under section 3 or 4 of the Act and the child is eligible under those programs.

Appeal notice

7 A notice of appeal must be in Form 2 in the Schedule.

Expiry

8 For the purpose of ensuring that this Regulation is reviewed for ongoing relevancy and necessity, with the option that it may be repassed in its present or an amended form following a review, this Regulation expires on June 30, 2014.

Coming into force

9 This Regulation comes into force on the coming into force of the *Family Support for Children with Disabilities Act*.

Schedule

Form 1

**Family Support for Children
with Disabilities Agreement**

IN RESPECT of the child

Child's Name

Date of birth

Child's I.D. No.

(last name)

(first)

(middle)

(yy/mm/dd)

I.D. No.

who resides at _____

(child's address)

AND IN ACCORDANCE WITH the *Family Support for Children with Disabilities Act*, THIS AGREEMENT IS MADE BETWEEN the legal guardian (called "the guardian")

(Guardian's Name)

(Home telephone no.)

(Guardian's Address)

(Work telephone no.)

(Guardian's Address)

(Cellular telephone no.)

and a director or authorized delegate (called "the director").

The guardian and the director agree as follows:

- 1 The director will provide the following:
- 2 The guardian is responsible for

- (a) all costs normally associated with providing everyday care for the child;

- (b) accessing Alberta Health Care Insurance and any other health services insurance or benefit plans available to the guardian including dental benefit;
 - (c) hiring, employing and supervising any service providers needed to assist in caring for the child and complying with all relevant employment standards and Canada Revenue Agency requirements.
- 3(1) Where litigation may result from the child's disabilities, the guardian agrees to notify the director of any legal action planned or commenced, including settlement discussions and the filing of court documents. The director may then ensure that the costs of future services for the child, which would have been payable under any future Family Support for Children with Disabilities Agreements, are included and sought in the legal action.
- (2) If as a result of the child's disabilities, the guardian has already received damages or compensation from any source, including a legal action, prior to signing this Agreement, the guardian agrees to inform the director of the amounts and the nature of the damages or compensation received.
- (3) Where compensation or damages as a result of the child's disabilities are received by the guardian or the child during the term of this Agreement, the guardian agrees to renegotiate this Agreement so that any amounts currently paid for under this Agreement for which the family or the child received damages or compensation are no longer funded by the Ministry of Children's Services.

[Choose clause 4 only when the child is maintained financially by the director.]
- 4 The guardian acknowledges that where the director is paying for the maintenance of the child who lives in a residence other than the guardian's residence, the Canada Child Tax Benefit will not be paid to the guardian.
- 5 The guardian agrees to spend the funds provided under this Agreement strictly in accordance with the terms of this

Agreement, and the guardian understands and agrees that the guardian is responsible for paying for any services provided to the child that exceed the costs as agreed by the director under this Agreement.

- 6 The guardian understands that the misuse of funds or the giving of false, misleading or inaccurate information in order to obtain services from the director may result in a civil action or criminal charges.
- 7 The guardian understands that the guardian has the right to appeal to the Family Support for Children with Disabilities Appeal Committee a decision of the director respecting the provision of services under this Agreement or termination of this Agreement within 45 days of being notified of the director's decision.
- 8 This Agreement is effective from (yy/mm/dd) to (yy/mm/dd) unless cancelled by the director or by the guardian.
- 9 This Agreement revokes previous Handicapped Children's Services Agreements made under the *Child Welfare Act* and previous Family Support for Children with Disabilities Agreements and Addenda to Agreements, if any, signed by the guardian and a director respecting the child.
- 10 This Agreement or any of its terms may be amended or varied in writing with the consent of both the guardian and the director.

Agreed to and signed by:

(guardian)

(yy/mm/dd)

(guardian)

(yy/mm/dd)

(director's delegate)

(yy/mm/dd)

Form 2

Notice of Appeal to
the Appeal Committee

- 1 I am a Parent/Guardian of the Child named _____ (child's name)
born ____ (yy/mm/dd) ____.
My name is _____ (name)
My address is _____ (address)
My telephone numbers are:
____ (home telephone no.) _____ (cellular phone no.)
____ (work telephone no.) _____ (other)

- 2 I understand that I must return this Notice of Appeal to the director or the
director's delegate within 45 days of being notified of the decision I am
appealing.

3 Notice

I have been affected by a decision of the director made under section 3(1)(b),
4 or 5(1) of the *Family Support for Children with Disabilities Act*.

I was notified of the decision on ____ (yy/mm/dd) ____.

I participated in a review of the director's decision ____ Yes ____ No

→ If yes, date of review ____ (yy/mm/dd) ____

I participated in mediation ____ Yes ____ No

→ If yes, date of mediation ____ (yy/mm/dd) ____

The decision I am appealing is _____

(Signature of person appealing)

(yy/mm/dd)

AR 140/2004 Sched.;221/2004

Summary of Supports and Services Provided Under the *FSCD Act* (Chart)

The FSCD Program provides funding for supports and services for children with disabilities and their families. The following chart outlines the supports and services provided.

Family Support for Children with Disabilities Act

FAMILY SUPPORT SERVICES – based on the needs of the family (available to families of a child with a confirmed diagnosis or while awaiting diagnosis)

INFORMATION, REFERRAL AND ADVOCACY SERVICES	RELATED SUPPORTS	MEDICAL APPOINTMENTS/ HOSPITALIZATIONS	FAMILY SUPPORT RESPITE SUPPORT
Assistance with obtaining and coordinating supports and services	Family and individual counselling up to 20 hrs annually	<p>Mileage @ 12¢/km for medical appointment/ rehabilitation or the most economical and appropriate alternative when the guardian does not have access to a vehicle and</p> <p>Parking to a maximum of \$10/day and</p> <p>Sibling care when required in order for an adult to accompany child to medical appointment/rehabilitation and</p> <p>Day trips over 8 hrs for medical appointment/ rehabilitation:</p> <ul style="list-style-type: none"> • meals for adult up to \$8/day • meals for child up to \$5/day <p>OR</p> <p>If overnight accommodation is required in the opinion of the Director:</p> <ul style="list-style-type: none"> • up to \$85/night for accommodations • costs for meals/day: \$15 for 1 adult and \$10 for the child (if the child is not in hospital or other medical accommodations) <p>OR</p> <ul style="list-style-type: none"> • up to \$100/wk for groceries for 1 adult and the child • additional meals @ \$15/day or grocery costs @ \$50/wk for a second adult as well as transportation costs if required <p>Costs for mileage, parking, sibling care and meals for out of province medical care as approved by Health and Wellness</p>	In or out of home respite up to 240 hrs annually (based on 20 hrs/mth)
Information for parents concerning the child's disability and available services and resources	Disability related clothing and footwear up to \$400 annually		CHILD FOCUSED SERVICES – based on the needs of the child
Advocacy as well as referral to advocacy supports			CHILD FOCUSED RESPITE SERVICES
Transitional planning			In or out of home short-term hourly respite based on the needs of the child and family
			24-hour (in or out of home) respite to a maximum of 30 days/year based on needs of child and family
			Additional 24-hour (out of home) respite where required to maintain the child in guardian's residence
			Costs for public transportation when the guardian does not have access to a vehicle for transportation to/from 24-hour out of home respite
			Homemaking services for routine housekeeping and laundry services up to 12 hrs/mth
			Domestic child care services up to 50 hrs/wk

CHILD FOCUSED SERVICES – based on the needs of the child

CHILD FOCUSED RESPITE SERVICES

In or out of home short-term hourly respite based on the needs of the child and family

24-hour (in or out of home) respite to a maximum of 30 days/year based on needs of child and family

Additional 24-hour (out of home) respite where required to maintain the child in guardian's residence

Costs for public transportation when the guardian does not have access to a vehicle for transportation to/from 24-hour out of home respite

Homemaking services for routine housekeeping and laundry services up to 12 hrs/mth

Domestic child care services up to 50 hrs/wk

CHILD CARE SUPPORTS

Extraordinary portion of work related child care costs for children up to age 13

Work related child care costs for children age 13 and older

Aide in day care for work related child care

Costs of additional space in a family day home for work related child care

Specialized aide services and day care costs for up to a max of 4 hrs/ weekday to a maximum of 20 hrs/wk for children who require day care for developmental purposes awaiting commencement of preschool programming

LEGEND:

Type of Assessment or Information Required:

○ Assessment is based on discussion and additional information provided by the family

○ Additional information from the parent, a professional or a service provider knowledgeable about the child, may be required to help determine need and level of service

● Multidisciplinary assessment information (including only those disciplines and information, which are relevant to the child and their needs) is required to determine the nature and level of needs, appropriate supports and to develop a service plan

"Service provider" refers to any agency or private individual who provides a service.

NB: Details of supports and services in Regulation.

Family Support for Children with Disabilities Act

FAMILY SUPPORT SERVICES – based on the needs of the family (available to families of a child with a confirmed diagnosis or while awaiting diagnosis)

CHILD FOCUSED SERVICES – based on the needs of the child (available to children with a confirmed diagnosis and accompanying assessment information)

AIDE SUPPORTS	HEALTH RELATED SUPPORTS	SPECIALIZED SERVICES FOR CHILDREN WITH SEVERE DISABILITIES	OUT OF HOME LIVING ARRANGEMENT
<p>Personal care and hygiene supports for up to 4 hrs/day</p>	<p>Portion of disability related dental/orthodontic treatment not covered by guardian's insurance as approved by the Dental Review Committee</p> <ul style="list-style-type: none"> guardians are responsible for the first \$250/yr in lieu of having a dental insurance plan 	<ul style="list-style-type: none"> when in the opinion of the Director, a multidisciplinary assessment is needed the child has a severe disability, resulting in a critical need for an array of specialized services to address their significant support needs and limitations in 2 or more areas, including: <ul style="list-style-type: none"> behaviour cognitive abilities communication and socialization skills physical and motor development self-help and adaptive functioning skills and if <ul style="list-style-type: none"> the level and complexity of the child's needs require an array of integrated and coordinated specialized services a multidisciplinary team has completed an assessment that identifies a critical need for, and recommends, specialized services to the Director an Individualized Family Support Plan, satisfactory to the Director, has been developed to coordinate and direct the delivery of specialized services the specialized service is likely to achieve measurable improvements in a reasonable and predictable period of time, or sustain a level or prevent a regression or increased dependency the specialized services are based on established rehabilitative practices, strategies and approaches that are reasonable, least intrusive and demonstrated to be effective other available supports and services are not appropriate or sufficient to address the child's needs services may include any combination of the following: <ul style="list-style-type: none"> behavioural support cognitive, except for educational purposes communication and social skill support physical and motor development support self-help and adaptive functioning support access to consultation for guardians as related to and in conjunction with the specialized services provided 	<p>To support a child to live in a setting outside of the family home</p>
<p>Community support for a maximum 144 hrs annually (based on 12 hrs/mth)</p>	<p>Funding for prescription drugs</p> <ol style="list-style-type: none"> up to 30% of drug costs, or a second insurance plan if the cost of drugs in 1) exceeds the cost of second plan interim prescription drugs pending application for insurance coverage for up to 4 mths the full costs of the prescription drugs if less than the cost of the guardian's insurance plan 		<p>Transportation to and from home living arrangement @ 12¢/km or the most economical alternative when the guardian does not have access to a vehicle</p>
<p>Behavioural and/or Developmental Supports:</p> <p>To address an identified need for up to 10 hrs/wk for 6 mths at which time the service will be reviewed</p> <ul style="list-style-type: none"> goal focused involve guardians as active participants in learning skills and implementing strategies as well as the generalization of strategies likely to achieve measurable improvement, sustain a level or prevent regression or increased dependency 	<p>Ambulance costs while awaiting application for insurance coverage (up to 4 mths)</p>		
	<p>Prescription formula costs</p>		
	<p>Medically prescribed specialized diet costs</p>		
	<p>Medical benefits required to sustain life or when it would be debilitating if the benefit was not received and the benefit:</p> <ul style="list-style-type: none"> is available in Alberta; is based on established rehabilitation practices, strategies and approaches; would result in significant financial hardship; and is not provided in whole or in part by another program 		



Section 5: PROGRAM ELIGIBILITY

Eligibility for FSCD Program

All of the following criteria must be met to be eligible for the FSCD Program:

- (1) **Age:** The child with a disability must be under the age of 18 years
- (2) **Guardianship:** The guardian must maintain full guardianship responsibilities for the child. This includes giving consent for services provided for the child, regardless of whether the child resides in or out of the family home
- (3) **Residency:** The child and guardian must be Canadian citizens or permanent residents, within the meaning of the *Immigration and Refugee Protection Act* (www.pco-bcp.gc.ca), and reside in Alberta at the time an agreement for FSCD supports and services is negotiated
 - Proof of Canadian citizenship or permanent residency may be validated by the child's:
 - Birth Certificate;
 - Record of Live Birth;
 - Passport;
 - Canadian Citizenship or Permanent Resident card;
 - IMM5292 Confirmation of Permanent Residency; or
 - IMM1000 Record of Landing
- (4) **Disability:** The child must have a disability as defined by the *FSCD Act*: "chronic developmental, physical, sensory, mental or neurological condition or impairment that does not include a condition for which the primary need is for medical care or health services to treat or manage the condition, unless it is a chronic condition that significantly limits a child's ability to function in normal daily living"
- (5) **Documentation:** The guardian must provide written information from a physician or other relevant health care professional regarding the child's diagnosis or, if awaiting a diagnosis, information about the condition or impairment indicating that the child may have a disability.

- The documentation must be in a format satisfactory to the FSCD worker and include:
 - the child's name and date of birth;
 - the child's diagnosis;
 - date when the child was diagnosed;
 - name of the physician or other health professional who diagnosed the child;
 - information about the diagnosis and its impact on the child's functioning; and
 - where applicable, if the diagnosis is expected to have long term or lifelong implications; or
 - if the child is in the process of being diagnosed (awaiting a diagnosis), information about the provisional diagnosis or the condition or impairment that indicates the child may have a disability.
- The documentation should be as current as possible. If the child was diagnosed more than two years ago, any documentation available from when the original diagnosis was made should be provided, as well as any recent information from the health professionals involved with the child's ongoing care.
- The FSCD worker may request additional information to clarify the child's diagnosis in order to determine if the child has a disability as defined in the *FSCD Act* and to determine eligibility for the FSCD Program.

NOTE: The FSCD Program is not responsible for costs associated with obtaining medical letters or assessment reports.

- For the purposes of the *FSCD Act*, a health care professional refers to a person who is registered or licensed with his/her professional association and is able to make diagnoses relevant to their scope of practice, including:
 - Physician (pediatrician, general practitioner, psychiatrist)
 - Clinical Social Worker (MSW, with advanced training)
 - Psychologist
 - Physical Therapist

-
- Occupational Therapist
 - Speech and Language Pathologist
 - Audiologist.

NOTE: Medical documentation that is clearly dictated by or written on behalf of a physician or other relevant health professional may be accepted.

- ◆ Eligibility for the FSCD Program must be determined prior to the FSCD worker meeting with the family to initiate the assessment of needs process.
- ◆ Decision-making regarding eligibility for the FSCD Program is distinct from assessing the need for a particular service or determining whether a child meets the specific criteria related to the provision of an FSCD service.
- ◆ *See policy and procedure regarding the Application Process.*

Family Support and Child Focused Service considerations relevant to Program eligibility:

- ◆ Family Support Services while awaiting a diagnosis:
 - While the guardian is awaiting a diagnosis for their child, Family Support Services may be provided for up to two years.

NOTE: Child Focused Services can not be provided while awaiting a diagnosis.

- When a confirmed diagnosis is made, the FSCD worker must obtain written documentation regarding the diagnosis, confirm eligibility for the Program and update the child's file information based on the new medical information.
- If after two years, the child does not have a confirmed diagnosis they are no longer eligible for the FSCD Program.

NOTE: The FSCD Program recognizes that a child may have more than one diagnosis and that they may receive additional diagnoses over time. If a child has a confirmed diagnosis and is awaiting confirmation of another diagnosis, eligibility is based on their confirmed diagnosis.

◆ Child Focused Services:

- Beyond determining that the guardian and child are eligible for the FSCD Program, the FSCD worker must also determine through the assessment of needs process that the child's disability significantly limits their ability to function in normal daily living in order to provide Child Focused Services.
- The information required in order to determine that a child has significant limitations and assess the need for Child Focused Services varies with the severity and complexity of the child's disability and with the level and type of services requested by the family.
- The FSCD worker may request that the guardian provide additional information from the child's physician, other relevant health care professionals, the child's school or others involved with the child, in order to clarify the impact of the diagnosis on the child's functioning.



Section 6: INFORMATION, REFERRAL AND ADVOCACY SERVICES

Information, Referral and Advocacy Services

INTENT

- ◆ To provide information about the FSCD Program.
- ◆ To share information about disability-related programs, services and resources with guardians as well as other individuals seeking assistance.
- ◆ To assist guardians to identify and access supports, services, and resources, including natural supports within their family and community relevant to their family's and child's needs.

POLICY

- ◆ If a guardian or other individual contacts the FSCD Program by telephone requesting information and referral services, the FSCD worker will:
 - Return telephone call within two working days;
 - Confirm if the caller already has an open FSCD file and, if so, refer the caller to their FSCD worker;
 - Provide information about the FSCD Program;
 - Refer to the Human Services website as another resource for information about the FSCD Program;
 - Provide information about relevant federal or provincial programs and services, local community programs or supports and other resources;
 - Make appropriate referrals; and
 - Provide follow-up to facilitate referrals as required.
- ◆ If a guardian wants to apply to the FSCD Program, the FSCD worker will refer the guardian to the Human Services website at www.humanservices.alberta.ca/disabilities to access the FSCD Application form or mail the application form and accompanying information to the guardian upon request (see Application Process policy section).

- ◆ At the time of application and intake, during the initial and subsequent assessment of needs, or anytime a family or child's circumstances change, the FSCD worker will assist guardians to identify other disability-related programs, services, supports and resources relevant to their needs.

- ◆ Relevant programs and services may include:

- Natural supports;
- Advocacy organizations or disability organizations;
- Parent support groups;
- Tax programs or benefits;

The Child Disability Benefit (CDB) a tax-free benefit for families who care for a child under age 18 with a severe and prolonged impairment in physical or mental functions. More information about the CDB and other federal benefit programs is available on the Canada Revenue Agency Website at <http://www.cra-arc.gc.ca/bnfts/dsblty-eng.html> or by calling 1-800-387-1193

- Health insurance or benefit plans;
 - Other provincial government programs and services;
 - Community programs and supports;
 - Local resources;
 - Service clubs; and
 - Other relevant supports and resources.
- ◆ FSCD workers will assist guardians to follow-up with other programs, services, supports or resources and/or coordinate services as needed.

PROCEDURE

- (1) Provide simple and clear information about the FSCD Program.
- (2) If a guardian wants to apply to the FSCD Program, discuss the family's situation in enough detail to establish if the FSCD Program may be relevant.

-
- (3) Explain the FSCD application process (see Application Process policy section) including how to access the FSCD Application form on the Human Services website; how to complete the application form; and next steps.
 - (4) Provide relevant information about other programs, services and resources including key contacts, websites and telephone numbers as required.
 - (5) Provide support, as required, to facilitate a referral and/or coordinate access to programs, services or resources referred to.



Section 7: OVERARCHING POLICIES AND CONSIDERATIONS

Matters to be Considered

Regulation

2 When making a decision under the *Act*, the director and an appeal committee must consider the following:

- (a) the responsibilities a guardian normally has in raising a child;
- (b) the impact the child's disability has on the family;
- (c) the strengths and abilities of family members to care for the child;
- (d) the physical and emotional well-being of the guardians and others living in the same home as the child;
- (e) the severity of the child's disability;
- (f) the child's developmental stage, relevant to age-appropriate functioning;
- (g) the family's composition;
- (h) the needs of the child's siblings;
- (i) the cultural values and beliefs of the guardians;
- (j) the needs of the family in caring for the child during scheduled school breaks and school holidays;
- (k) the child and family's involvement in community programs and activities;
- (l) the availability of persons, other than the child's guardians, to provide support and assistance in caring for the child;
- (m) the availability and accessibility of appropriate programs, services and other resources within the community where the child lives;
- (n) the geographic location of the child's home community;
- (o) any other relevant matter.

INTENT

- ◆ The "Matters to be Considered" emphasize the need to view the child within the context of their family and their family's strengths, abilities and needs.
- ◆ The Matters to be Considered highlight the need to consider the uniqueness of each family situation.
- ◆ Each of the considerations are of equal importance, no one consideration is of greater significance than another.

POLICY

- ◆ FSCD supports and services build on the family's natural sources of support, including extended family and friends, as well as the programs and/or resources that the family already has access to.
- ◆ Supports and services should be flexible, individualized, and designed to meet the family needs.
- ◆ The "Matters to be Considered" are intended to:
 - Recognize the strengths and abilities of families;
 - Acknowledge the family's natural supports and existing resources;
 - Recognize the various supports and services that play a role in addressing family needs;
 - Acknowledge normal parental responsibilities including the typical costs and care demands associated with raising a child;
 - Recognize the unique needs and circumstances of families;
 - Acknowledge the impact that a child's disability can have on a family; and
 - Promote family centered practice and individualized assessment of needs.

PROCEDURE

- (1) Explore the "Matters to be Considered" with the guardian in relationship to their circumstances and needs.

Cost-Effective and Appropriate Services

Regulation

Services delivery

- 6** (1) Agreements under sections 3 and 4 of the Act may provide for services in the manner that the director considers to be the most cost-effective and appropriate.

INTENT

- ◆ To enhance the family's ability to support their child's development and address their disability related needs in the most cost-effective manner.
- ◆ To build on the family's strengths, abilities and natural support networks.
- ◆ To promote positive outcomes for the family and the child.
- ◆ To allocate FSCD resources in a responsible manner.

POLICY

- ◆ The FSCD worker and the guardian will consider the most cost-effective and appropriate service available to address any identified service need.
- ◆ The most cost-effective service option will be provided if it is appropriate to meet the family's and child's need.

PROCEDURE

- (1) In determining the most cost-effective and appropriate service or manner of service delivery, the FSCD worker will consider:
- The identified need;
 - The services or service provider options available to address the identified need;

- The matters to be considered;
 - How the service will address the identified need; and
 - Community standards, regional rates and local resources.
- (2) If required, and with a guardian's consent, other relevant professionals may be consulted regarding the most appropriate service.

Accessing Other Available Supports and Services

Regulation

Services delivery

- 6 (2) Before receiving services pursuant to an agreement under section 3 or 4 of the Act, a parent must use services on behalf of the child readily available from dental insurance, health services insurance and benefit plans and apply for assistance under other dental insurance, health services insurance and benefit plans and Government and community programs, if in the opinion of the director those programs would be equivalent to the services provided under an agreement under section 3 or 4 of the Act and the child is eligible under those programs.

INTENT

- ♦ To recognize the family's strengths and abilities and build upon supports, services and resources already available to them.
 - FSCD supports and services are not intended to replace or supersede the guardian's typical responsibilities or costs associated with raising a child.
- ♦ To coordinate FSCD supports and services with other available services or resources.
- ♦ To prevent duplication of services or resource utilization.

POLICY

- ♦ Prior to receiving FSCD supports and services, guardians must first utilize other applicable government, community programs and services, health benefit or health insurance plans as well as any natural support that they already have available to them to help address the identified service or support need.

- ◆ Where another government program or service is available to the family, the FSCD worker will work together with that program or service to co-ordinate and plan for the provision of services between programs.
- ◆ Where another government or community program or service, health insurance or benefit plan may provide a support, service, benefit or funding relevant to the guardian's identified need, confirmation is required to verify that:
 - the support, service, benefit or funding that is available to the guardian has been fully utilized; or
 - that the support, service, benefit or funding is not available to the guardian and has been formally denied; and
 - that available appeal or review mechanisms relevant to the program, service, insurance or benefit plan have been utilized;before a similar FSCD service can be provided.

PROCEDURE

- (1) The FSCD worker and the guardian will identify the current and existing supports, services or health benefit/insurance plans that the family may be accessing in order to meet the child's identified needs.
- (2) The FSCD worker and the guardian discuss the availability of all other supports and services that the family and child may have access to.
- (3) The FSCD worker advises the guardian of their need to:
 - Apply to all other available supports and services prior to requesting funding for a similar service from the FSCD Program;
 - Provide documentation to the FSCD worker to demonstrate that relevant support and services have been utilized fully or where applicable, verification that a particular support or service has been denied, including whether the service or benefit would be covered under other circumstances, or in the case of a health benefit or health insurance plan that coverage has been denied; and
 - Apply to any "special consideration" or "appeal" process that may exist for a relevant program, service or benefit plan if it may result in access to a service or coverage.

-
- (4) The FSCD worker will assist the guardian to apply for other programs and services as needed, and with the guardian's written consent, may contact the other programs or benefit providers to help determine if a support, service or benefit may be available to them.
 - (5) The FSCD worker, supervisor or manager, as appropriate, will work together with other government programs and services to co-ordinate service provision for common families/clients.

Guardian's Responsibilities

- ♦ The FSCD Program is a voluntary program accessed by guardians. Guardians choose whether or not to access the services offered by the FSCD Program. Guardians are responsible:
 - For all costs, care demands and decision-making typically associated with raising a child;
 - To provide necessary information and documentation as required by the FSCD Program in order to inform decision-making about FSCD Program eligibility and service provision;
 - To contact the FSCD Program when there is a change in child or family circumstance that may affect the FSCD services needed or provided;
 - To spend funds provided by FSCD, in accordance with the terms of the FSCD Agreement;
 - To comply with relevant employment standards, as per Canada Revenue Agency and Alberta Labour Standards requirements when hiring private individuals to provide services; and
 - To submit required receipts, invoices or other documentation regarding the services used and costs incurred.

Section 8: SERVICE DELIVERY PROCEDURES

Application Process

INTENT

- ◆ To provide a clear and consistent application and intake process.

POLICY

- ◆ The FSCD application process involves:
 - Supporting guardians to access and, where necessary, assisting them to complete the FSCD Application form;
 - Completing the FSCDIS Intake and opening a child's file;
 - Reviewing the application and documentation submitted by the guardian and determining eligibility for the FSCD Program;
 - Appointing an FSCD worker for eligible guardians and their children; and
 - Closing a child's file if the guardian and child are not eligible for the FSCD Program.
- ◆ The FSCD worker will return phone calls regarding the application process within two working days.
- ◆ The FSCD Application package (see Appendix P) is available on the Human Services website at www.humanservices.alberta.ca/disabilities.
- ◆ Upon request, the FSCD Application and accompanying information will be mailed within two working days of the guardian's request.
- ◆ An Exceptional Consideration Authorization request may be completed if appropriate (see Policy "Exceptional Consideration Authorization for New or Reopened files").
- ◆ If the guardian already has a child receiving FSCD services and is applying on behalf of another of their children, the guardian must submit an FSCD Application form (see Appendix A) along with medical documentation for the child who does not currently have an FSCD file.

- ◆ If the guardian had a file for their child that has closed within the past 90 calendar days, they do not need to resubmit a new FSCD Application form.
- ◆ The guardian is not required to complete a new FSCD Application form if they are moving within the province (see, Interregional Transfer Protocol, Appendix D).
- ◆ The FSCD worker will contact the guardian, within two working days of receiving an FSCD Application.
 - FSCD Applications are reviewed and responded to in the order they are received.
- ◆ A completed FSCD Application form must include relevant medical letters/information and be signed by the child's legal guardian.
- ◆ All unsolicited documentation including medical documentation about a child received prior to the guardian submitting an FSCD application must be immediately returned (if sent by mail) or destroyed (if sent in person, by e-mail or fax), and the sender notified (if possible) that:
 - the information was received;
 - FSCD is not authorized to collect this information if there has been no Application regarding the child; and
 - the document should be submitted by the guardian along with their FSCD application package if they choose to apply to the program.
- ◆ **Incomplete FSCD Applications** will be held for 90 days. If complete information is not provided or the FSCD worker is unable to contact the guardian the file will be closed.
- ◆ **If the guardian and their child are *not eligible*** for the FSCD Program, the FSCD worker will advise the guardian and provide rationale for the FSCD decision.
 - The FSCD worker's decision must be followed up in writing to the guardian.
 - The FSCD worker will provide information and referral as appropriate and inform the guardian of their concerns resolution options.
- ◆ **If the guardian and their child are *eligible*** for the FSCD Program, the FSCD worker will advise the guardian and explain next steps.

-
- ◆ If the child is ordinarily resident on reserve, the FSCD worker must complete the Verification of On/Off Reserve Status form within 30 working days of the FSCDIS Intake date (see Verification of On/Off Reserve, Appendix K).

NOTE: The "**Intake Date**" is the date that the FSCDIS Intake is completed, saved and an FSCD file number is assigned.

Essential Program Standards

For new Family Support for Children with Disabilities (FSCD) files, the assessment of needs process is initiated within 15 working days of Intake date.

For all Active Agreements, there is sufficient information on file to determine eligibility.

An On/Off Reserve Verification form (FSCD3594) is completed for children of First Nations origin.

For new families, FSCD Agreements are in Approved Agreement status within 20 working days of Family/Child Assessment of Needs (FCAON) completion date.

PROCEDURE

Support Application to the FSCD Program

The FSCD worker will:

- (1) Provide information about the FSCD Program and the application process.
- (2) Refer the guardian to the Human Services website at www.humanservices.alberta.ca/disabilities to access the FSCD Application form or mail an FSCD Application package (see Appendix P) to the guardian as required.
- (3) Assist the guardian to complete the FSCD Application form as required.

When an FSCD Application form is received:

The FSCD worker will:

- (1) Stamp the application with date of receipt. This is the "**First Contact Date**".
- (2) Search FSCDIS to determine if an FSCD file already exists for the child.
 - If no previous file exists, create a new FSCDIS Intake, enter the information in FSCDIS and **save the Intake as draft**.

- If an open file exists contact the identified FSCD worker to determine the reason for the application and appropriate follow-up;
 - If a closed file exists create a new FSCDIS Intake to reopen the file.
- (3) Review the FSCD Application form and attached medical letters/ information to determine if documentation is complete and sufficient to determine eligibility.
- (4) Contact the guardian to:
- Provide information about the FSCD Program;
 - Identify any additional information that is needed and make arrangements to receive the information; and
 - Provide relevant information and referral for other programs, services and resources.
- (5) Gather additional information necessary to complete the FSCDIS Intake and determine eligibility for the Program. Prior to recording information on the FSCDIS Intake, the FSCD worker will:
- 1) Inform the guardian that any information that they provide will be:
 - ⇐ Collected under the authority of the Family Support for Children with Disabilities (FSCD) Act and Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP);
 - ⇐ Managed in accordance with the *FOIP Act*;
 - ⇐ Shared only if authorized or required by law (i.e., as a part of a criminal or child welfare investigation, by Order of the Court, a fraud investigator, or FOIP officer);
 - ⇐ Used to help determine eligibility for the FSCD Program;
 - ⇐ Used to help identify appropriate information and referral resources to provide the guardian;
 - ⇐ Used to help coordinate supports and services based on the family's individual needs and circumstances; and
 - ⇐ Used to help determine the FSCD supports and services to be provided.
 - 2) Provide the guardian with their telephone number and encourage them to call if they have further questions about the collection of information or how the information is used.

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- (6) Determine eligibility for the FSCD Program (see Eligibility Policy).

If unable to contact the guardian within 90 days of receipt of their application, the FSCD worker will:

- (1) Complete the FSCDIS Intake using "missing" and "today's date" as defaults for missing mandatory text and date based fields respectively;
- (2) Save the completed Intake in FSCDIS; and
- (3) Close the file.

If the guardian already has an open FSCD file and is applying on behalf of another of their children, the family's current FSCD worker will:

- (1) Receive their completed application form and medical information;
- (2) Complete the FSCDIS Intake;
- (3) Determine eligibility relevant to the new child who the guardian is applying for; and
- (4) If eligible, co-ordinate the children's FSCD files to align the timelines for the next assessment of needs process and FSCD Agreements for all children in the family.

If reopening a file that has been closed for less than 90 calendar days, the FSCD worker (the previous FSCD worker where applicable) will:

- (1) Speak to the guardian to gather updated information necessary to reopen the file by adding an Intake to the closed FSCD file; and
- (2) Determine eligibility for the Program.

If the guardian and their child are not eligible for the FSCD Program, the FSCD worker will:

- (1) Advise the guardian that their child is not eligible for the FSCD Program and provide the guardian confirmation/rationale of this decision verbally and in writing;
- (2) Advise the guardian of their concerns resolution options;
- (3) Provide information and referral to other appropriate supports, services or programs as relevant;

- (4) Inform the guardian that their application information will be retained on file and, where applicable, invite the guardian to call back if they want to reapply to the FSCD Program at a later date; and
- (5) Save the completed Intake on FSCDIS and close the file.

If the guardian and their child are eligible for the FSCD Program, the FSCD worker will:

- (1) Advise the guardian that their child is eligible for the FSCD Program;
- (2) Explain the next steps including the assessment of needs process;
- (3) Inform the guardian that they will need to show the FSCD worker one of the following documents to confirm their child's Canadian Citizenship or residency status when they meet to complete the assessment of needs process:
 - Birth Certificate
 - Record of Live Birth
 - Passport
 - Citizenship Card
 - Permanent Resident Card
 - IMM1000 Record of Landing, or
 - IMM5292 Confirmation of Permanent residency; and
- (4) Complete a Verification of On/Off Reserve Status form if the child is ordinarily resident on reserve.
- (5) Assign an FSCD worker.

FORMS

- ◆ FSCD Application Form (FSCD3597)
- ◆ FSCDIS Intake (FSCD2019)
- ◆ Verification of On/Off Reserve Status (FSCD3594)
- ◆ Exceptional Consideration Authorization Form

REFERENCES

- ◆ Application Package (see Appendix P)
- ◆ Exceptional Consideration Authorization (see policy Section 8)

Family/Child Assessment/Reassessment of Needs

INTENT

- ◆ To gather, analyze and synthesize relevant information to develop an understanding of the family and their child's unique needs and circumstances in order to make well-reasoned decisions regarding the services and supports that will be most beneficial for a family and child.
- ◆ In the context of the FSCD Program, the term "assessment" is used to refer to the program's assessment of needs process for gathering information, developing understanding and service planning, not a medical or clinical assessment (see Section 14, Glossary).

POLICY

- ◆ The assessment of needs process must be initiated:
 - within 15 working days of a completed Intake for all new families if the child is determined to be eligible for the FSCD Program;
 - minimally once per year to support decision making about ongoing supports and services;
 - at least 60 calendar days prior to the expiry of an existing FSCD Agreement; and
 - during the period of assistance for a current FSCD Agreement if there is significant change in the family's and/or child's needs or circumstances (see Section 8-23, Ongoing FSCD Support to Families).
- ◆ If the guardian is receiving FSCD services for more than one child with a disability, the same FSCD worker will work with the guardian for all their children; and, complete the assessment of needs process, considering the family information and that which is specific to each individual child.
- ◆ FSCD workers will support the guardian, as required, during the assessment of needs process to:

- complete forms;
 - arrange for someone to assist with interpreting, if required; and
 - access required information and/or supporting documentation.
- ◆ The assessment of needs process must be completed annually and requires completion of:
- either a Family/Child Assessment of Needs (FCAON) or a Review of Assessed Needs (RAN); and
 - an Individualized Family Support Plan (IFSP).
- ◆ The **Family/Child Assessment of Needs (FCAON)** (Appendix A) is completed for the initial assessment of needs and annually thereafter, unless the RAN is appropriate.
- To complete the FCAON form, a face-to-face meeting with the guardian and child is required. If a face-to-face meeting is not practical or possible due to the urgency of the family's need for support, remote location or access issues, the FSCD worker may use other means (e.g. telephone or teleconferencing) to complete the assessment of needs. However, a face-to-face meeting must occur as soon as circumstances allow.
- ◆ The **Review of Assessed Needs (RAN)** (see Appendix A). To complete the RAN, a telephone conversation with the guardian is required. The RAN may be completed every second year when all of the following criteria apply:
- eligibility for the FSCD Program has already been confirmed;
 - the family has had an FSCD Agreement for a minimum of two years;
 - a Family/Child Assessment of Needs was completed with the guardian the previous year;
 - the guardian's and child's needs have not changed significantly over the last two years;
 - the guardian has not identified any concerns regarding the supports and services they receive through the FSCD Program;
 - the goals and tasks identified in last years Individualized Family Support Plan (IFSP) or having achieved those goals does not significantly impact (increase, decrease or change) the level of FSCD support or type and level of services that the family requires;

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- the current FSCD Agreement does not include behavioural/developmental aide, specialized services or out of home placement;
 - the child is not between 15-17 years of age and transitioning to adult supports and services; and
 - it is not anticipated that the file will close in the upcoming year.
- ◆ **An Individualized Family Support Plan (IFSP) or an Individualized Family Support Plan (IFSP) – Out of Home** is part of the assessment of needs process and is completed as part of the FCAON or RAN.
- The IFSP must be agreed to and signed by the guardian and FSCD worker.
 - Only one IFSP is required for the family even if more than one child in the family has an FSCD Agreement. The IFSP is the "family's" plan.
 - When completing a RAN the FSCD worker may complete a new IFSP or review and update the previous IFSP if appropriate.
 - An IFSP – Out of Home is used instead of the IFSP when FSCD is supporting a child in an out of home placement (see Section 10, Out of Home Placement).

NOTE: An IFSP is required for all families regardless of what FSCD services will be provided.

- ◆ An IFSP will include:
- a summary of the child and family's needs based on information that has been gathered;
 - the guardian's priorities and goals that strengthen their ability to promote their child's healthy growth and development within the context of their family and community;
 - tasks, signs of achievement, responsibilities and timeframes that address the goals and are agreed to by the guardian and FSCD worker; and
 - transition planning for any child who is or will soon be 16 years of age.
- ◆ During the assessment of needs process an FSCD worker may request additional or updated information and/or documentation to help understand the diagnosis or the impact of the disability on the child's ability to participate in activities of daily living.

- ◆ The FSCD Program is not responsible for costs associated with obtaining clinical or medical assessments, assessment reports or medical letters.
- ◆ When further expertise is required to understand the family and child's need for specialized services, the assessment of needs process may include consultation with the FSCD Multi-Disciplinary Team (MDT) or other relevant professionals (see Section 10, Specialized Services).
- ◆ The guardian's written consent [Consent to Release Information (FSCD3592)] is required to obtain, discuss or exchange the family's or child's information with a third party (see Section 3, Collection, Use and Disclosure of Child and Family Information).
- ◆ During the assessment of needs process, the FSCD worker may arrange a case conference (with the guardian's consent and involvement) to bring together the guardian and other relevant persons or professionals having knowledge of the child's and family's needs, to discuss support and service planning or service coordination issues.
- ◆ At any time throughout the assessment of needs process, the FSCD worker will consult with their supervisor if:
 - a policy issue has been raised and the FSCD worker requires further clarification or direction on the matter;
 - child protection concerns have been identified;
 - the FSCD worker is unable to proceed with support and service planning because of concerns or discrepancy regarding the information gathered during the assessment of needs process;
 - the guardian has not provided all requested information, e.g. verification that other supports and services, appropriate and available to their child and family, have been accessed;
 - the potential need for specialized services has been identified;
 - the guardian has requested specialized services; or
 - the guardian has requested an out-of-home placement.
- ◆ The FSCD worker will advise the guardian of the FSCD Program's concerns resolution process during the assessment of needs process (see Section 12, Concerns Resolution).

Essential Program Standards

For new FSCD files, the assessment of needs process is initiated within 15 working days of the Intake.

For ongoing FSCD files, the assessment of needs process is initiated at least 60 calendar days prior to the expiry date of the existing FSCD Agreement.

For all active FSCD Agreements, there is sufficient information on file to determine eligibility.

For all Active Agreements where a Family/Child Assessment of Needs (FCAON) was required, a face-to-face meeting with the parent/guardian occurred.

An On/Off Reserve Verification form (FSCD3594) is completed for children of First Nations origin.

For youth 16 years of age or older, there is evidence on file that the FSCD worker has discussed transition planning with the family.

Renewed FSCD Agreements are in approved status prior to the end date of the previous Agreement.

PROCEDURE

New Families

- (1) Prior to contacting the guardian regarding the initial assessment of needs process, the FSCD worker reviews the completed application, Intake information and all medical documentation the guardian has submitted as well as any other information that will help them prepare for a meeting with the guardian (e.g. information about a rare diagnosis).
- (2) The FSCD worker contacts the guardian within 15 working days of the Intake date to:
 - review and clarify information provided through the FSCD Application form and intake process;
 - provide information regarding the FSCD Program and the assessment of needs process;

- explain how information that the guardian provides to the Program will be used (see Section 3, Collection, Use and Disclosure of Child and Family Information);
- ensure the guardian is aware that Part I of the FCAON form will be sent to them or they can download it from the FSCD website and that they need to complete and return it to the FSCD worker;
- advise the guardian that once Part I of the FCAON is received, they will contact the guardian to schedule a face-to-face meeting;
- advise the guardian that, at the meeting, they will need to show documentation confirming that their child is a Canadian citizen or permanent resident (see Section 5, Program Eligibility policy);
- ascertain if the guardian requires support to complete the assessment of needs process and to determine appropriate assistance when necessary (e.g. a family member, friend or community agency may assist in completing forms, interpreting or be designated as a FSCD contact or the guardian may choose to come to the office for help with completing forms); and
- provide the guardian with information about relevant community supports, programs or services that may be helpful to the family.

NOTE: The FSCD Program does not pay for interpreter services, however, will assist the guardian in accessing an interpreter through other programs, services or resources in the community as appropriate.

Families Currently Receiving FSCD Services

- (1) The FSCD worker, no less than 60 calendar days prior to the expiry of the families current FSCD Agreement:
 - reviews the previous FCAON or RAN, IFSP, service provider plans, MDT recommendations, contact notes and the invoices the guardian has submitted for services provided in the previous year (as applicable);
 - reviews any new information or documentation that has been submitted (e.g. new service provider plans);
 - considers ongoing eligibility for the Program and determines if additional information is required to confirm eligibility; and
 - determines if an FCAON is required or if the criteria for a RAN is met.

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- (2) The FSCD worker contacts the guardian, as required, to:
 - confirm or discuss ongoing eligibility for the Program; and
 - discuss the assessment of needs process;
 - (3) Ensure the guardian is aware that Part I of the FCAON or the RAN form may be downloaded from the FSCD website.

Completing the Family/Child Assessment of Needs (FCAON)

- ◆ Throughout the FSCD assessment of needs process there must be a logical flow. Information is gathered through interviewing, observing and through documentation provided by the guardian, service provider or health professional. The information is analyzed and utilized to:
 - confirm ongoing eligibility for the FSCD Program;
 - understand a family and child's disability-related needs;
 - assist the guardian to develop goals and strategies that enhance their ability to care for their child;
 - determine natural supports as well as community supports and services that the family may be able to utilize to assist them in achieving their goals; and
 - determine FSCD supports and services.
- ◆ The FCAON form has three parts:
 - Part I: General Information.
 - Part II: Disability-Related Care Needs
 - Part III: Support and Service Planning

Part I: General Information Submitted/Updated by Guardian

- (1) The FSCD worker sends the guardian Part I of the FCAON and a cover letter that provides instructions to complete the form or confirms that the guardian can download this form and letter from the FSCD website. Inform the guardian of the date the form should be returned.
- (2) If Part I was completed previously, the FSCD worker may send the guardian the completed Part I and ask the guardian to update the information.

- (3) In the covering letter, the FSCD worker:
 - may ask the guardian to provide updated information including recent letters or reports that may be relevant and applicable to the assessment of the family's and child's needs; and
 - informs the guardian that to avoid a lapse in FSCD services, the assessment of needs process needs to be completed before their child's current FSCD Agreement expires;
- (4) If the guardian has not completed and returned Part I of the FCAON by the specified return date:
 - A phone call will be made to the guardian inquiring if they need assistance in completing the form. If they do not require assistance remind them to return the form as soon as possible; and
 - If required, a follow up letter will be sent asking the guardian to call if they need assistance in completing the form and clarifying that if the assessment of needs process is not completed prior to the expiry of the current FSCD Agreement they may experience a lapse in services.
- (5) When Part I is returned, the FSCD worker will contact the guardian to schedule a face-to-face meeting.

Part II: Disability-Related Care Needs

- (1) The FSCD worker meets with the guardian to complete Part II and III of the FCAON.
- (2) During this portion of the assessment of needs process the FSCD worker:
 - discusses with the guardian the child's exceptional care needs and the impact of the child's disability on the family
 - explores with the guardian all relevant natural family and community supports that may be available to support the family and child;
 - may utilize the Potential Focus of Family Support for Children with Disabilities Involvement Relevant to Age, (see Appendix Q), the Child/Family Support Pyramid (see Appendix R), eco mapping, genograms or a weekly calendar, as appropriate, to assist the guardian and FSCD worker to gain a common understanding of a family's needs and resources;

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- may ask the guardian to provide additional medical or other assessment information, if required, in order to better understand the family or child's needs;
 - if required and with the guardian's consent, consults with other professionals, who work with or know the child, to better understand the child's disability or the impact of the disability on the child's activities of daily living;
 - consults with a supervisor, if required; and
 - if specialized services are being considered, consults with the MDT as required (see Section 10, Specialized Services).
- (3) If the child is not present during the face-to-face meeting with the guardian, the FSCD worker will arrange to meet with the child at another time during the assessment of needs process.

Part III: Support and Service Planning

- (1) The FSCD worker and guardian:
- review the goals identified on the previous IFSP (where applicable), including barriers to goal attainment;
 - review the use of services since the last assessment wherever a previous assessment has been completed;
 - analyze the information gathered to come to a common understanding of the family and child's needs in the following areas:
 - extraordinary care the child requires
 - how the extraordinary care impacts the family'
 - natural supports that may be available/developed
 - community supports that may be available/developed
 - based on the assessed need, the FSCD worker and family:
 - complete the IFSP that outlines the family's goals, tasks and anticipated outcomes; and
 - determines FSCD supports and services.

Completing an IFSP

- (1) After analyzing all relevant information gathered through the assessment of needs process, the FSCD worker and guardian identify the assessed needs.

- (2) The guardian clarifies their concerns and identifies their priorities related to enhancing their child's development within the context of their family, community and other natural environments.

- *Concerns:* problems a guardian identifies regarding:
 - their child's disability-related care;
 - their child's ability to function in activities of daily living; and
 - impact of their child's disability on other family members.
- *Priorities:* The concerns that are identified by the family as most critical and most likely to be influenced by changes within their family, social or community environment such as:
 - access to natural supports that may be developed to assist the family and child; and
 - community resources the family are not currently utilizing.

NOTE: The IFSP is a "family" plan. If the guardian has more than one child with an FSCD Agreement, only one IFSP for the family is created. A copy of the IFSP is placed on each child's FSCD file.

- (3) The FSCD worker assists the guardian to identify goals that when attained, will create positive change in areas that have been identified as a priority for their family.

- *Goals:* What the family wants the situation to be like in the future. Based on the current situation, goals:
 - are meaningful and realistic;
 - are measureable and observable;
 - can be accomplished within one year; and
 - do not describe a service.
- Goals reflect the priorities of the guardian and are unique to each family and child's needs. Goals commonly focus on family priorities related to:
 - accessing information and resources relevant to a child's disability;
 - planning for a child in a manner that will take full advantage of a child's abilities and strengths;
 - accessing and coordinating available supports and services;
 - managing a child's challenging behaviour;
 - promoting a child's development, functional abilities and participation in daily activities.

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- enhancing the coping, problem solving or advocacy skills of the family;
 - strengthening natural support systems; and
 - increasing family/child participation in community.
- (4) The FSCD worker and the guardian identify tasks, person responsible, timelines and signs of achievement that support the identified goals.
- *Tasks:* Activities directed towards achieving a specific goal. Several tasks may be assigned to achieve one goal.
 - *Person Responsible:* Identifies who is responsible for the tasks outlined in the plan.
 - *Signs of Achievement:* Identifies what will signify to the guardian that the goal has been attained.
- (5) When the child is age 14 years or older, the IFSP should focus on goals relevant to the transition to adulthood.
- (6) When FSCD is supporting a child in an out of home placement the **IFSP - Out of Home form** is used instead of the IFSP (see Section 10, Out of Home Placement).
- (7) Both the guardian and FSCD worker sign the completed IFSP.

Determining Appropriate Supports and Services

- (1) After all relevant information is gathered and the IFSP has been completed, the FSCD worker and the guardian discuss the type of information, support or other services they require to:
- increase their capacity to address their child's unique disability-related needs;
 - lessen the impact of the child's disability-related care needs on members of the family;
 - increase their ability to build natural and community supports that will promote resiliency for the child and family; and
 - enable them to continue caring for their child in the family home.
- (2) The FSCD worker and the guardian discuss all natural supports as well as other programs, services and resources that are available to support the family (see Sections 6 and 7) relevant to the needs and priorities they have identified.

- (3) The FSCD worker provides information about the range of services that are available through the FSCD Program and determines with the guardian the type and amount of FSCD support and services to be provided to address the family's individual needs and help them to achieve the identified goals.
- (4) The FSCD worker advises the guardian that FSCD services to be provided will be documented in an FSCD Agreement and that:
 - they will receive the Agreement in the mail;
 - they need to review the Agreement, sign and return it;
 - if they have any questions prior to signing the Agreement they can contact the FSCD worker for clarification;
 - they cannot access any services prior to the FSCD Agreement being approved by a supervisor or manager;
 - FSCD will not pay for any services until the guardian signs the FSCD Agreement and it is returned to the FSCD office;
 - they can only use services as identified in the FSCD Agreement and they are responsible for the cost of any services they use exceeding what is identified in the FSCD Agreement; and
 - they are responsible for all costs normally associated with caring for their child, for accessing other programs and services, as well as for potential employer responsibilities (see Appendix G: Employee-Employer Relationship).
- (5) Advise the guardian of final decisions relating to service provision (see Section 8, Decision Policy).
- (6) Advise the guardian of the concerns resolution options that are available if they do not agree with a decision (see Section 12, Concerns Resolution).
- (7) Provide the guardian with an information package that includes contact information and information regarding the FSCD Program reimbursement process.
- (8) Update the child's information in the FSCDIS file, including:
 - child's diagnosis/disability information;
 - family's address or other demographic information;

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- guardian information (i.e. change of work phone number, marital status); and
 - status of other family members (i.e. birth of a sibling, new parental status).
- (9) Complete the FSCD Agreement (see Section 8, FSCD Agreement).

Completing a Review of Assessed Needs (RAN)

- (1) The FSCD worker sends the guardian the RAN form, along with a cover letter that:
- provides instructions for completing the form and the date by which the form should be returned or confirms that the guardian will download the forms and information from the FSCD website;
 - requests any updated information including recent letters or reports that may be relevant and applicable to the family and child's needs; and
 - advises the guardian that to avoid a lapse in FSCD services, the assessment of needs process needs to be completed before their child's current FSCD Agreement expires.
- (2) The FSCD worker will also send the guardian:
- a copy of the current IFSP; and
 - if required, a Consent to Release Information form (FSCD3592) for the guardian to sign.
- (3) If the guardian requires assistance to complete the RAN form the FSCD worker will contact the guardian to discuss strategies to help them (e.g. identify a community agency or friends that may be able to help, have them come to the office for help, etc).
- (4) If the guardian has not completed and returned the RAN form by the specified return date:
- a phone call will be made to the guardian inquiring if they require assistance to complete the form. If they do not require assistance they will be reminded to return the form; and

- if required, a follow up letter will be sent to the guardian asking them to call if they require assistance in completing the form and clarifying that if the assessment of needs process is not completed prior to the expiry of the current FSCD Agreement they may experience a lapse in services.
- (5) When the guardian portion of the RAN form and requested information is received, the FSCD worker contacts the guardian to:
- review and clarify the information provided, as needed;
 - update, revise or complete a new IFSP, as appropriate; and
 - discuss and determine the type and amount of FSCD service to be provided.
- (6) If at any time while completing the RAN, the FSCD worker determines that a face-to-face meeting is required or the guardian requests a meeting, the worker will arrange a date and time to meet.

FORMS

- ◆ Family/Child Assessment of Needs
 - Part I (FSCD3580)
 - Part II (FSCD3601)
 - Part III (FSCD3602) including the Individualized Family Support Plan
- ◆ Review of Assessed Needs (FSCD3604)
- ◆ Individualized Family Support Plan (FSCD3593)
- ◆ Contact Notes (FSCD0072)
- ◆ Consent to Release Information (FSCD3592)
- ◆ Verification of On/Off Reserve Status (FSCD3594)

Ongoing FSCD Support to Families

INTENT

- ◆ To assist guardians to access supports, services and resources that will address their family's and child's identified needs.
- ◆ To assist guardians in enhancing their natural support system, and their family's capacity to address their child's disability-related needs.
- ◆ To assist guardians in coordinating FSCD supports and services with other supports and services that the family may be receiving or have access to.
- ◆ To provide support in response to the family's and child's changing circumstances or needs.

POLICY

- ◆ The FSCD worker will assist the guardian to identify, explore and access other programs, services or resources available to them (see Sections 6 and 7).
- ◆ The FSCD worker will work together with other government programs to co-ordinate and plan supports and services between programs for common clients.
- ◆ The FSCD worker will work with the guardian, their service providers and other professionals involved with the child to coordinate supports and services that are outside of the guardian's FSCD Agreement as well as those that are provided in their FSCD Agreement.
- ◆ The FSCD worker will assist the guardian to identify options and find service providers relevant to the services identified in their FSCD Agreement.
- ◆ The FSCD worker will follow up with tasks identified and agreed to in the IFSP, where applicable.
- ◆ The FSCD worker will review and approve the Service Provider's Program Plan (FSCD0467) minimally every six months or more often if required (see Section 10, Behavioural Support and Developmental Support).

- ◆ When specialized services are being provided, the FSCD worker will monitor the service use, and monitor and review updates to the Individualized Service Plan minimally once per year (see Section 10, Specialized Services).
- ◆ The FSCD worker will monitor and review out of home placements according to the timelines and terms indicated in the IFSP – Out of Home or minimally once per year (see Section 10, Out of Home Placement).
- ◆ The FSCD worker will assist the guardian to gather documentation and prepare for an MDT where applicable (see Section 10, Specialized Services).
- ◆ The FSCD worker will assist the guardian with planning for transitions, in particular with the transition to adult services (see Section 11, Transition Planning).
- ◆ The FSCD worker will work together with the guardian to resolve any concerns as they arise as well as advise the guardian and support them in accessing their Concerns Resolution options.
- ◆ The FSCD worker will work with the guardian to address changing needs as they arise during the period of assistance for an existing FSCD Agreement. The following changes may impact the family's support, services or service coordination needs or the goals and priorities identified in their current Individualized Family Support Plan (IFSP):
 - a new diagnosis;
 - new medical care needs, hospitalization or a new treatment regime;
 - new or emerging behavioural challenges;
 - changes in the support and services that the family or child are receiving from other resources, including at school, where applicable;
 - changes to the family composition or who else is living in the family home;
 - new living arrangements for the child or family; or
 - if the family has moved within the province to a new CFSA (see Appendix D, Interregional Transfer Protocols).
- ◆ If there is a request for changes in FSCD support and services based on significant changes in the child's needs or family circumstances, the FSCD worker may determine there is a need to initiate the assessment of needs process. The completion of the FCAON may be required to develop an understanding about the family's changing needs. The IFSP may need to be revised or a new IFSP may need to be developed.

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- ◆ If the changes are not significant the FSCD worker may gather the applicable information or documentation as needed and document the updated assessment of needs information in contact notes.
 - ◆ The IFSP will be reviewed and updated or revised during the course of an FSCD Agreement if the guardian's goals or priorities change.

Essential Program Standards

New Family Support for Children with Disabilities (FSCD) Agreements are in Approved Agreement status within 20 working days of Family/Child Assessment of Needs (FCAON) completion date.

Renewed FSCD Agreements are in Approved Agreement status prior to the end date of the previous Agreement.

For families receiving **Child Focused Services**, an Individualized Family Support Plan (FSCD3593) is on file.

For children receiving **Behavioural or Developmental Aide Support**, the rationale and behavioural or developmental need are documented on file.

For families and children receiving **Specialized Services** for the first time, there are MDT recommendations on file from the FSCD MDT, or from Children's Hospital Early Childhood Development Team (ECDT) Calgary or Glenrose Rehabilitation Hospital Preschool Assessment Edmonton.

For families and children receiving ongoing **Specialized Services**, there is an Individualized Service Plan (ISP) on file related to the current Agreement.

For children residing in an **Out-of-Home Living Arrangement**, there is a completed Out of Home Service Plan (FSCD3562) on file related to the current Agreement.

For youth 16 years of age or older, there is evidence on file that the FSCD worker has discussed transition planning with the family.

PROCEDURE

- (7) Upon receiving a call from the guardian, an FSCD worker discusses and clarifies with the guardian the type and scope of assistance required and as needed:
 - provides information and referral;

- gathers information relevant to the family's changing circumstances and needs;
 - completes the FCAON, if required;
 - makes appropriate changes to the Individualized Family Support Plan, when necessary;
 - identifies if additional or different supports or services are required;
 - documents the call and follow up on a contact note;
 - completes an addendum to the family's FSCD Agreement where applicable; and
 - updates FSCDIS with any relevant changes.
- (8) When a family's or child's circumstances have changed significantly and the previous FCAON does not provide the relevant or required information to determine appropriate supports and services, a new FCAON and IFSP may be completed or the existing FCAON and IFSP updated.
- (9) The FSCD worker may arrange a case conference (with the guardian's consent and involvement) to bring together the guardian and other relevant persons or professionals and, where applicable, other government programs and services that are working with the child and family to discuss support and coordination issues.

FORMS

- ◆ Consent to Release Information (FSCD3592)
- ◆ Contact Notes (FSCD0072)
- ◆ Service Provider's Program Plan (FSCD0467)
- ◆ Family/Child Assessment of Needs
 - Part I (FSCD3580)
 - Part II (FSCD3601)
 - Part III (FSCD3602) including the Individualized Family Support Plan
- ◆ Review of Assessed Needs (FSCD3604)
- ◆ Individualized Family Support Plan (FSCD3593)

Service Approval - New or Reopened File

INTENT

- ♦ To ensure that appropriate approval is obtained for FSCD Agreements on new or reopened FSCD files prior to families accessing the services included in the Agreement.

POLICY

- ♦ This policy applies only to new intakes or reopened files.
- ♦ The Service Approval policy does not apply to files in transition between regions.
- ♦ All services must be included in an FSCD Agreement and approved by a manager/supervisor prior to families accessing the services.
- ♦ Manager/supervisor approval is based on:
 - Documentation validating eligibility;
 - Assessment information validating the need for services;
 - Compliance with the legislation and policies;
 - Adherence to Essential Program Standards; and
 - A review of the draft Agreement.
- ♦ The FSCD Agreement and the services it provides are approved when the manager/supervisor completes the approval function in FSCDIS.
- ♦ Verbal approval does not constitute approval of the Agreement and services therein.
- ♦ FSCD workers must advise parents of the approval process, including timelines.
- ♦ The FSCD worker and manager/supervisor must ensure the FSCD Agreement is approved in a timely manner.
- ♦ The start date of the Agreement is the date that the Agreement is approved by the manager/supervisor or, if specified, a future start date.

- ◆ The start date of an FSCD Agreement for a new or reopened file may precede manager/supervisor approval only if:
 - (i) A service was awarded by appeal. The start date for services awarded by appeal is the date specified in the decision, or if no start date is specified, the date of the appeal decision.
 - (ii) A manager/supervisor authorizes specific medical management services to start immediately, prior to the usual approval policy to address an urgent need (see Exceptional Consideration Authorization policy).
- ◆ The start date of a service cannot precede the FSCD Agreement start date
- ◆ Families may begin using FSCD services on the date that a manager/supervisor approves the Agreement (the start date), or a future date if specified.
- ◆ Families may be reimbursed for services only after:
 - they have signed and returned their child's FSCD Agreement;
 - the Agreement has been signed by an Expenditure Officer; and
 - the Agreement has been activated in FSCDIS.

Essential Program Standards

New Family Support for Children with Disabilities (FSCD) Agreements are in Approved Agreement status within 20 working days of Family/Child Assessment of Needs (FCAON) completion date.

PROCEDURE

- (1) The FSCD worker forwards the following to the manager/supervisor:
 - Relevant Information to validate the child's eligibility for the Program;
 - Individualized Family Support Plan (IFSP);
 - A completed Family/Child Assessment of Needs or Review of Assessed Needs form that supports the need for services;
 - Relevant documentation to validate the services included in the draft Agreement; and

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- The draft Agreement in FSCDIS.
- (2) The FSCD worker ensures that the start dates for the Agreement allows time for manager/supervisor approval.
 - (3) The manager/supervisor approves the Agreement by completing the "approved" function in FSCDIS.
 - (4) If the manager/supervisor does not approve the Agreement, the draft Agreement is returned to the FSCD worker for the necessary revisions.

Exceptional Consideration Authorization for New or Reopened Files

INTENT

- ◆ To ensure managerial/supervisory authorization for some specific services related to a child's hospitalization in urgent/unanticipated and rare circumstances outside of the Service Approval policy

POLICY

- ◆ This policy applies only to new intakes or reopened files
- ◆ Exceptional Consideration Authorization is a process by which a manager/supervisor approves, in writing, a service(s) in advance of a completed assessment of needs and draft Agreement (see Approval of Service policy).
- ◆ The following services may be authorized by Exceptional Consideration:
 - Mileage or public transportation
 - Parking
 - Day Trips over eight hours
 - Meals and accommodation
 - Sibling Care
- ◆ All of the following criteria must be met in order to request and authorize an Exceptional Consideration:
 - Eligibility for the program must be determined or there must be sufficient information gathered to determine eligibility on an interim basis pending a more thorough assessment of needs;
 - The need for a service(s) is directly related to child's disability;
 - No other resource is available to meet the immediate service need;
 - Child is hospitalized outside of their regional area;
 - Inpatient hospital stay of two or more consecutive days is required;

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- Overnight accommodation required; and
 - The need for service(s) is urgent and the family's circumstances are such that it would not be appropriate to wait for the completion of a thorough assessment of needs and draft Agreement as per the service approval policy.
- ◆ The start date of services provided by Exceptional Consideration Authorization can be up to five days preceding the Intake date.
- NOTE: The "**Intake Date**" is the date that the FSCDIS Intake is completed, saved and an FSCD file number is assigned.
- ◆ The end date of services provided by Exceptional Consideration Authorization can be up to 30 days after the Intake date.
- ◆ Exceptional Consideration is requested through the use of an Exceptional Consideration Authorization Form.
- ◆ A manager/supervisor must sign the Exceptional Consideration Authorization form and the original kept on file.
- ◆ A copy of the Exceptional Consideration Authorization form, signed by the manager/supervisor, is sent to the parent for their signature.
- ◆ The parents are informed that the Exceptional Consideration Authorization form, signed by them, is to be returned to the FSCD office.
- ◆ The Exceptional Consideration Authorization form, signed by the manager/supervisor and the parent is placed on the child's file.
- ◆ All services authorized as an exceptional consideration must be included in an FSCD Agreement.
- ◆ A subclause must be included in the Agreement identifying that the service was provided by exceptional consideration.
- ◆ If continued eligibility is not confirmed at the assessment of needs, the Agreement would cover only the time period of Exceptional Consideration Authorization.
- ◆ Families may be reimbursed for services only after:
- they have signed and returned their child's FSCD Agreement;

- the Agreement has been signed by an Expenditure Officer; and
- the Agreement has been activated in FSCDIS.

PROCEDURE

- (1) An FSCD Intake is completed and initial information indicates interim eligibility for the program.
- (2) The parent expresses a service need.
- (3) The FSCD worker considers if the service need is urgent and needed in advance of completing assessment of needs and draft FSCD Agreement.
- (4) The FSCD worker checks to ensure the request meets the Exceptional Consideration criteria.
- (5) The FSCD worker completes an Exceptional Consideration Authorization form and submits it to a manager/supervisor.
- (6) If the Exceptional Consideration is not authorized, the FSCD worker discusses other options of support with the parents.
- (7) If the Exceptional Consideration is authorized, the FSCD worker forwards a copy of the Exceptional Consideration Authorization form to the parents for their signature.
- (8) The worker notifies the parent regarding whether the services requested through Exceptional Consideration were authorized and the start date for the services.
- (9) The Exceptional Consideration Authorization Form, signed by the manager/supervisor, is placed on the child's file.
- (10) A copy of the Exceptional Consideration Authorization Form, signed by the manager/supervisor, is sent to the parent for signature.
- (11) A copy of the Exceptional Consideration Authorization Form, signed by the manager/supervisor and the parent is placed on the child's file.
- (12) The FSCD worker coordinates a time/date to complete a thorough assessment of needs with the family.

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- (13) Any services authorized by Exceptional Consideration are included in an FSCD Agreement with a subclause identifying that they were provided as an Exceptional Consideration.
- (14) Families may be reimbursed for services only after:
- they have signed and returned their child's Agreement;
 - the Agreement has been signed by an Expenditure Officer; and
 - the Agreement has been activated in FSCDIS.

FORMS

- ♦ Exceptional Consideration Authorization Form

FSCD Agreement

Regulation

3 An agreement under section 3 of the Act between the Director and a child's guardian must be in Form 1 in the Schedule and may provide for the following family support services:

Term of agreement

5 An agreement under section 3 or 4 of the Act

- (a) must have a term of not more than one year, and
- (b) may be amended at any time with the consent of the Director and the guardian who is a party to the agreement and the amendment may, subject to clause (a), extend the term of the agreement.

INTENT

- ♦ A legal document that details both the guardian and the FSCD Program responsibilities.
- ♦ To document the agreed upon FSCD services and terms for funding.

POLICY

- ♦ The period of assistance for an FSCD Agreement can not exceed one year.
- ♦ The FSCD Program may enter into successive FSCD Agreements with a guardian based on the guardian and child's continued eligibility for the FSCD Program, and their individually assessed need for FSCD services.
- ♦ For new families, FSCD Agreements are to be in "Approved Agreement" status, meaning that the Agreement is sent to the family for signature within 20 working days of the date that the Family/Child Assessment of Needs (FCAON) is completed.

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- ◆ When Child Focused Services are included in an Agreement, an Individualized Family Support Plan must be on file.
 - ◆ When services provided by Exceptional Consideration Authorization are included in an Agreement there must be an Exceptional Consideration Authorization form signed by an FSCD manager/supervisor and guardian on file.
 - ◆ When behavioural or developmental services are included in an FSCD Agreement:
 - the rationale and behavioural or developmental need must be documented on file;
 - a Service Provider Program Plan is required; and
 - the goals identified in the Service Provider Program Plan must be consistent with the child's assessed needs.
 - ◆ When an out of home placement is included in an FSCD Agreement, a completed Out of Home Placement Request form and an IFSP – Out of Home form must be on file and related to the current FSCD Agreement.
 - ◆ FSCD Agreements must be signed by both the guardian and the Expenditure Officer and be moved to active status in FSCDIS before services can commence and invoices paid.
 - ◆ A copy of the signed FSCD Agreement must be on the child's FSCD file.
 - ◆ A copy of the signed FSCD Agreement is provided to the guardian.
 - ◆ Where continued services are to be provided, a new FSCD Agreement is to be in "Approved Agreement" status prior to the end date of the current FSCD Agreement.

Essential Program Standards

New Family Support for Children with Disabilities (FSCD) Agreements are in approved Agreement status within 20 working days of Family/Child Assessment of Needs (FCAON) completion date.

Renewed FSCD Agreements are in approved Agreement status prior to the end date of the previous Agreement.

For ongoing FSCD files, the assessment of needs process is initiated at least 60 calendar days prior to the expiry date of the existing Agreement.

For all active Agreements, there is sufficient information on file to determine eligibility.

For families receiving **Child Focused Services**, an Individualized Family Support Plan (FSCD3593) is on file.

For children receiving **Behavioural or Developmental Aide Support**, the rationale and behavioural or developmental need are documented on file.

For families and children receiving **Specialized Services** for the first time, there are MDT recommendations on file from the FSCD MDT, or from Children's Hospital Early Childhood Development Team (ECDT) Calgary or Glenrose Rehabilitation Hospital Preschool Assessment Edmonton.

For families and children receiving ongoing **Specialized Services**, there is an Individualized Service Plan (ISP) on file related to the current Agreement.

For children residing in an **Out-of-Home Living Arrangement**, there is a completed Out of Home Service Plan (FSCD3562) on file related to the current Agreement.

An On/Off Reserve Verification form is completed for children of First Nations origin.

For youth 16 years of age or older, there is evidence on file that the FSCD worker has discussed transition planning with the family.

PROCEDURE

- (1) The FSCD worker prepares the Family Support for Children with Disabilities Agreement (see form in Appendix A) based on the individual needs identified through the assessment of needs process and the goals identified in the completed Individualized Family Support Plan and any services authorized by Exceptional Consideration.
- (2) The FSCD worker forwards the draft FSCD Agreement and supporting documentation to the FSCD supervisor for approval.
- (3) The FSCD supervisor reviews the information obtained through the assessment of needs process, Individualized Family Support Plan, the Out of Home Service Plan (where applicable) and the draft FSCD Agreement before approving the draft Agreement.

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- (4) If the FSCD supervisor does not approve the FSCD Agreement, it is returned to the FSCD worker.
 - (5) The FSCD worker makes required changes to the Agreement and resubmits the draft Agreement and other documentation to the FSCD supervisor.
 - (6) The FSCD Agreement is approved on the FSCDIS system by the FSCD supervisor.
 - (7) When approved by the FSCD supervisor, the FSCD Agreement is sent to the guardian, via mail, hand delivery, pick up or by fax where necessary for the guardian's review and signature.
 - (8) When the guardian returns the signed Agreement to the FSCD Program, the Expenditure Officer reviews and signs the Agreement.
 - (9) The Agreement is activated on the FSCDIS system only after both the guardian and Expenditure Officer have signed it.
 - (10) A copy of the signed and active FSCD Agreement is provided to the guardian and the master copy of the Agreement is placed on the child's FSCD file.

FORMS

- ♦ Family Support for Children With Disabilities Agreement (FSCD1621)

Amendment to the FSCD Agreement

Regulation

Term of agreement

5 An agreement under section 3 or 4 of the Act

- (a) must have a term of not more than one year, and
- (b) may be amended at any time with the consent of the director and the guardian who is a party to the agreement and the amendment may, subject to clause (a), extend the term of the agreement.

INTENT

- ◆ An amendment allows for changes to be made regarding FSCD services or funding included in an existing FSCD Agreement.

POLICY

- ◆ An amendment to an existing FSCD Agreement is completed through the use of an Amendment to Family Support for Children with Disabilities Agreement (see form in Appendix A).
- ◆ Services may be added to or removed from an FSCD Agreement or the Agreement terminated prior to the stated end date by amending the Agreement and obtaining the guardian's and Expenditure Officer's signatures.
- ◆ Either a guardian or the FSCD worker may identify the need for an amendment to the FSCD Agreement.
- ◆ More than one amendment can be made to an FSCD Agreement if necessary.
- ◆ Services added or changed by the amendment must be consistent with (can not exceed) the existing Agreement's start and end dates.

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- ◆ Significant changes to the services in an FSCD Agreement may require that the Agreement be terminated and a new Agreement completed rather than changing the Agreement by an amendment.
 - ◆ A copy of the signed amendment is placed on the child's file.
 - ◆ A copy of the signed amendment is provided to the guardian.
 - ◆ When Child Focused Services are added to an FSCD Agreement by amendment, an Individualized Family Support Plan must be on file.
 - ◆ When developmental or behavioural services are added to an FSCD Agreement by amendment, the rational and behavioural or developmental need must be documented on file, and a Service Provider Program Plan is required.
 - ◆ When specialized services are added to an Agreement by amendment and it is the first time the family is receiving specialized services, Multi-Disciplinary Team recommendations must be on file.
 - ◆ When out of home placement services are added to an Agreement by amendment, a completed Out of Home Placement Request form and an IFSP – Out of Home form must be on file and related to the current FSCD Agreement.

Essential Program Standards

For all Active Agreements, there is sufficient information on file to determine eligibility.

For families receiving **Child Focused Services**, an Individualized Family Support Plan (FSCD3593) is on file.

For children receiving **Behavioural or Developmental Aide Support**, the rationale and behavioural or developmental need are documented on file.

For families and children receiving **Specialized Services** for the first time, there are MDT recommendations on file from the FSCD MDT, or from Children's Hospital Early Childhood Development Team (ECDT) Calgary or Glenrose Rehabilitation Hospital Preschool Assessment Edmonton.

For families and children receiving ongoing **Specialized Services**, there is an Individualized Service Plan (ISP) on file related to the current Agreement.

For children residing in an **Out-of-Home Living Arrangement**, there is a completed Out of Home Service Plan (FSCD3562) on file related to the current Agreement.

PROCEDURE

- (1) The FSCD worker and guardian identify changing needs that require an amendment to the family's existing FSCD Agreement.
- (2) The FSCD supervisor reviews the Family/Child Assessment of Needs (FCAON) or Review of Assessed Needs (RAN) form, the Amendment to Family Support for Children with Disabilities Agreement and supporting documentation, before approving the draft amendment.
- (3) If the FSCD supervisor does not approve the amendment, it is returned to the FSCD worker.
- (4) The FSCD worker makes required changes to the amendment and resubmits it along with the necessary supporting documentation to the FSCD supervisor.
- (5) If the FSCD supervisor approved the amendment, it is sent to the guardian, via mail, hand delivery, pick up or by fax where necessary for the guardian's review and signature.
- (6) When the guardian returns the signed amendment to their FSCD worker, the Expenditure Officer reviews and signs the amendment and the amendment is activated on the FSCDIS system.
- (7) A copy of the signed and active Family Support for Children with Disabilities Amendment Agreement is provided to the guardian and a copy of the amendment is placed on the child's FSCD file.

FORMS

- ◆ FSCD Amendment Agreement (FSCD3597)

Reimbursement for Services

INTENT

- ◆ To provide timely reimbursement for supports and services, as set out in the FSCD Agreement.

POLICY

- ◆ An active FSCD Agreement is required in order for guardians to be reimbursed for services or for invoices to be paid.

NOTE: An Agreement is considered active when it is signed by both the guardian and a Regional staff with delegated signing authority as well as activated in FSCDIS.

- ◆ The FSCD Program will reimburse families for service and costs incurred during the specified periods of assistance as outlined in their active FSCD Agreement or amendment to the Agreement.
- ◆ Appropriate reimbursements can be made after the Agreement has expired as per the terms of the Agreement.
- ◆ The FSCD Program will request receipts, or other validation and supporting documentation as required in policy, prior to reimbursement for services.
- ◆ Payments are to be released within 30 calendar days of receipt of the Statement of Expenses form from the guardian or invoices from an agency service provider.
- ◆ The FSCD Program will not make direct payment on behalf of the guardian to a private person who is hired by the guardian to provide services.
- ◆ The FSCD Program may make arrangement upon request of the guardian to pay an agency service provider directly on the guardian's behalf. Guardians must validate that services have been received prior to payment of invoices submitted by a service provider agency.

- ◆ Where the FSCD Program has agreed to pay an agency service provider on the guardian's behalf, this administrative arrangement must be documented as follows in the FSCD Agreement/Addendum using the following subclause:

"The guardian acknowledges their responsibility as the employer of their chosen service provider. The director, upon request of the guardian, agrees to provide payment directly to the service provider chosen by the Guardian, solely for the purposes of administrative ease and efficiency. Confirmation that the service has been received must be provided to the director by the guardian prior to payment."

- ◆ This subclause must be added to each service for which this administrative arrangement has been agreed to.

Essential Program Standards

Payments are released within 30 calendar days of receipt of invoices by the FSCD Program .

PROCEDURE

- (1) Provide the family with copies of the relevant forms for reimbursement and explain how to use the forms.
- (2) Advise the family of requirements for receipts or other validation and supporting documentation relevant to the services being provided.
- (3) Advise the family of employer/employee responsibilities. If issues arise with a service provider and their employee/employer relationship with the family, the service provider should be referred to the Alberta Employment Standards office.
- (4) Encourage the family to submit their Statement of Expenses form or other invoices in a timely manner.

FORMS

- ◆ Family Support for Children With Disabilities Agreement (FSCD1621)
- ◆ FSCD Amendment Agreement (FSCD0466)
- ◆ Record of Services Provided (FSCD0003)
- ◆ Statement of Expenses (FSCD1845)
- ◆ Reimbursement for Clothing and Footwear Items (CS3574)

File Closure/Transfer

INTENT

- ◆ To detail and confirm the process required to formally close a child's FSCD file.
- ◆ To detail and confirm the process required to transfer a child's FSCD file to another Child and Family Services Authority.

POLICY

- ◆ FSCD workers will identify and explain to families the reason for file closure to the guardian.
- ◆ File Closure Reasons:
 - Child Deceased
 - Child Age 18
 - Whereabouts of Family Unknown or No Follow-up by Parent/Guardian
 - Family Left Provincial Jurisdiction
 - Required Supports and Services Provided Elsewhere
 - Supports and Services No Longer Required
 - Child in Care of Child Intervention Services under a TGO or PGO Exceeding 30 Days
 - Request for Services Withdrawn
 - Information and Referral Services Provided – No Other Services Are Required or Appropriate
 - No Follow-up by Parent/Guardian
 - File Transferred to Another CFSA
 - No Confirmed Diagnosis or Medical Documentation Provided
 - Legal Termination of Agreement
 - Not Eligible as per Definition of Disability

- Not Eligible Based on Canadian Citizen or Permanent Resident Requirement
- Not Eligible – Caregiver does not have Guardianship Status and Guardian not available to enter into an Agreement
- ◆ FSCD workers will inform families that they may reapply to the FSCD Program if their family or child's circumstances change.
- ◆ Confirmation of file closure must be provided to the family in writing except when the child is deceased.
- ◆ Where a file closure is justified and the family is unavailable, successive attempts to contact the family will be made and documented including phone calls and letters. Sufficient time is to be allowed for the family to respond before the file is closed.
 - A child's file may be closed after 30 calendar days from the date of a letter advising of the file closure.

PROCEDURE

- (1) The FSCD worker will notify the family of the file closure and provide rationale as to why the file is being closed.
- (2) A file may be closed due to a variety of reasons, as outlined below.
 - **Death of a Child**

If the reason for file closure is due to the death of a child, the response varies with the situation. The FSCD worker or program representative should personally contact the family to offer their condolences and connect the family to appropriate community supports.

*FSCDIS Closure Reason: **Child Deceased***
 - **Child Turning 18 Years of Age**

Three to six months prior to the child's 18th birthday, arrange a meeting with the family to discuss the upcoming termination of supports and services and to help the family with any unresolved issues around transition planning (see Transition to Adulthood in Section 11). Work with guardians to explore other natural advocates available and invite them to call you at a later date. Document the meeting on a Contact

Note. One month prior to the child's 18th birthday, send out a letter stating eligibility ends as of the specified date (one calendar day prior to the child's 18th birthday).

FSCDIS Closure Reason: **Child Age 18**

- **Lack of Contact with Guardians**

If you cannot locate the guardian, establish when contact was last made and confirm whether the guardians are still accessing supports and services. Make several attempts to contact the family (e.g. first by telephone, then by letter). The initial letter should instruct the guardian to contact the FSCD Program within thirty days or the file will close. If there is no response within the allotted thirty-day period, close the file. The total time for this full process is approximately two to three months.

FSCDIS Closure Reason: **Whereabouts of Family Unknown or
No Follow-up by Guardian**

- **Out of Province Move**

When the child moves out of Alberta, the FSCD worker explains to the family that the file will be closed (if the FSCD worker knows in advance). Ensure the family has the relevant contact information for where they are going and make sure the family has access to copies of documents, such as the Family/Child Assessment of needs form, Individualized Family Support Plan or FSCD Agreement. Identify and resolve any outstanding issues (e.g. ensuring the family's invoicing is complete).

FSCDIS Closure Reason: **Family Left Provincial Jurisdiction**

- **Transfer to Another Program**

A transfer to another program usually arises from support and service/transition planning and is most likely identified during the assessment of needs process. It is important to apply existing and relevant protocols, where applicable.

FSCDIS Closure Reason: **Required Supports and Services
Provided Elsewhere**

- **Services No Longer Required**

The file may be closed when the required information and/or referral services have been provided and no additional supports and services are required or when the file is transferred to Child Intervention Services.

FSCDIS Closure Reason: **Supports and Services No Longer Required**

- **Child Has Attained Goals**

During the assessment of needs process, the family and FSCD worker may determine the family and child have successfully achieved their goals and no longer require supports or services.

FSCDIS Closure Reason: **Supports and Services No Longer Required**

- **Temporary Guardianship Order/Permanent Guardianship Order**

When the child is in the care of Children Intervention Services (CIS), under a Temporary Guardianship Order (TGO) or Permanent Guardianship Order (PGO), for a period exceeding 30 days, in consultation with the CIS program the FSCD file may be closed. See Appendix O: Program Coordination Protocol between CIS and FSCD.

FSCDIS Closure Reason: **Child in Care of Child Intervention Services under a TGO or PGO Exceeding 30 Days**

- **Guardian Request**

Determine the reason for the request and attach a Contact Note that outlines the reason the request was made. Send the guardian a letter that confirms the request for closure and advises the file will be closed in thirty days, unless the request is withdrawn.

FSCDIS Closure Reason: **Request for Services Withdrawn**

- **Only Requesting Information, Referral or Advocacy Supports**

Some families may not require specific FSCD services. After appropriate information, referral or advocacy supports have been provided their file may be closed.

FSCDIS Closure Reason: **Information and Referral Services Provided – No Other Services Are Required or Appropriate**

- **Family Moves to Another Region**

Refer to Interregional Transfer Protocol.

FSCDIS Closure Reason: **File Transferred to Another CFSA**

- **No Confirmed Diagnosis Received or Medical Documentation Provided**

Families with children awaiting diagnosis are eligible for supports for up to two years. If a diagnosis is not received or written medical documentation of a diagnosis is not provided within the two-year period, contact the family to discuss the need to close the file. It is important to provide information and referral services to assist the family with any ongoing needs if the FSCD file is to be closed.

FSCDIS Closure Reason: **No Confirmed Diagnosis or Medical Documentation Provided**

- **Legal Termination**

Files may be closed due to a legal termination of the agreement, under Section 5(1) of the *FSCD Act*.

FSCDIS Closure Reason: **Legal Termination of Agreement**

- **Not Eligible for the FSCD Program based on Definition of Disability**

A file may be closed when it has been determined that the child does not have, or no longer has, a disability or condition or impairment that may lead to a disability. In order to be eligible for the FSCD Program the child must meet the definition of disability established in the *FSCD Act*.

FSCDIS Closure Reason: **Not Eligible as per Definition of Disability**

- **Not Eligible for the FSCD Program based on Citizenship or Residency**

A file may be closed when it has been determined that the child is not a Canadian citizen or a permanent resident within the meaning of the *Immigration and Refugee Act*. The child must also reside in Alberta at the time an FSCD Agreement is negotiated and for the period of the agreement. Residency criteria must be met in order for the child to be eligible for the FSCD Program.

FSCDIS Closure Reason: **Not Eligible Based on Canadian Citizen or Permanent Resident Requirement**

- **Not Eligible for the FSCD Program based on Guardianship**

Guardianship criteria must be met in order for the child to be eligible for the FSCD Program. The file may be closed if the private guardian for the child is not available to enter into an FSCD Agreement, or does not maintain full guardianship responsibilities for the child.

FSCDIS Closure Reason: **Not Eligible – Caregiver does not have Guardianship Status and Guardian not available to enter into an Agreement**

(3) If a file is being closed either on or prior to the end date of the FSCD Agreement, take the following steps:

- Discuss file closure and rationale for closure with the guardian.
- Provide appropriate information and referral supports to assist the family with the transition from the FSCD Program to other programs, community supports or resources as required.

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- Complete steps appropriate to the reason for closure (see "Reasons for Closure" on the preceding pages).
 - Complete file closure process in FSCDIS including the closing summary and appropriate closure reason.
 - Obtain supervisory approval for the file closure.
 - Send the family a letter confirming the file closure and reason for closure.
- (4) Where a file is being transferred between regions, follow the procedures set out in Interregional Transfer Protocol.
- (5) Where a file is being closed because the child is in care of Child Intervention Services, see Appendix O: Program Coordination Protocol between CIS and FSCD.
- (6) Document in FSCDIS under File Closure/Transfer the reasons for the closure/transfer and provide summary information particularly if the file is being transferred to another region.

FORMS

- ◆ Contact Notes (FSCD0072 on FSCDIS)
- ◆ Closing Summary (on FSCDIS)

Advising Guardian of Decisions

Act

Decision-making criteria

2.1 When making a decision under this Act the director must consider the criteria for making a decision provided for in the regulations.

INTENT

- ♦ To ensure that decisions are clearly communicated with the guardian.
- ♦ To ensure that the guardian understands when a decision has been made to deny eligibility for the FSCD Program, to deny the provision of a service or to cancel an FSCD agreement.
- ♦ To ensure that the guardian is aware of the next steps and concerns resolution options if they do not agree with a decision.

POLICY

- ♦ Decisions include any final decision made under the authority of the FSCD Act and Regulation regarding program eligibility, the provision of a service including the nature and level of service, or the cancellation of an FSCD Agreement.
- ♦ Decisions must be made and communicated with the guardian in a timely manner.
 - where despite all reasonable efforts to support the guardian in gathering the necessary information or consent to consult with experts or others who have knowledge of the family/child's needs there is insufficient information to support eligibility for the program or the need for a requested service, a final decision must be made within a reasonable timeframe based on the information that has been received.

NOTE: Refer to specific timelines for decision-making relevant to specialized services.

- ◆ The FSCD worker must advise a guardian, both verbally and in writing when a final decision has been made to deny eligibility for the FSCD Program, to deny the provision of a service or when an FSCD agreement is cancelled.
 - Upon the guardian's request, the FSCD worker will provide a written decision letter regarding any other decision made.
- ◆ The verbal decision must be followed up in writing within seven calendar days.
- ◆ The FSCD worker must explain and provide rationale for the decision as well as advise the guardian of their concerns resolution options (see Concerns Resolution Section 12).
- ◆ When advising the guardian of more than one decision, the written notification will clearly identify and provide rationale for each of the decisions being communicated.
- ◆ The date of the written notification of decision is used to establish the timelines for submitting a Notice of Appeal (see Concerns Resolution – Appeals policy Section 12).
- ◆ For specialized services, decisions at each of the five key decision-making points within the specialized service decision making process must be communicated with the guardian verbally and, where a decision is made not to provide specialized services, in writing to the guardian (see Specialized Services for Children with Severe Disabilities, Section 10-76).

PROCEDURE

- (10) When a final decision has been made denying eligibility for the FSCD Program, denying the provision or level of an FSCD service or an FSCD agreement has been cancelled, the FSCD worker will:
 - contact the guardian to advise of the decision and/or arrange a time to meet to discuss the decision;
 - explain and provide rationale for the decision;

- advise the guardian that if they do not agree with the decision or the explanation provided, they can discuss their concerns with a Supervisor and/or Manager;
 - advise the guardian of the FSCD concerns resolution options available to them if they disagree with the decision;
 - provide the guardian with the necessary forms to access a Review of FSCD Program Decision or to initiate an Appeal (see Concerns Resolution policies, Section 12); and
 - send a written notice of the decision to the guardian within seven (7) calendar days of verbally communicating the decision to the guardian.
- (11) The written notification of the decision to the guardian (see Sample Decision Letter, Appendix A-46) will:
- clarify the decision they are being advised of;
 - provide rationale for the decision;
 - outline the concerns resolution options;
 - advise the guardian that the date of the letter initiates the timelines for submission of a Notice of Appeal (see Concerns Resolution policy, Section 12);
 - clarify how to obtain the necessary forms to access a Review of FSCD Program Decision or Appeal if the same have not already been provided; and
 - advise the guardian who to contact to further discuss their concerns or the concerns resolution options available to them.

Section 9: FAMILY SUPPORT SERVICES

Family Support Services

Regulation

- 4 (1) An agreement under section 3 of the Act between the director and a child's guardian must be in Form 1 in the Schedule and may provide for the following family support services:

The FSCD Program provides information, referral and advocacy supports as well as specific family support services to families with children with disabilities who meet program eligibility criteria based on their unique needs and circumstances. Family Support Services are intended to support families with the extraordinary demands of caring for a child with a disability.

Family support services include:

- Individual and family counselling
- Clothing and footwear
- An array of medical appointment supports
- Out-of-province medical appointment supports
- Respite supports.

Counselling

Regulation

- 3 (a) up to 20 hours annually of individual and family counselling to assist the family in caring for the child;

INTENT

- ◆ Counselling is intended to support families well-being and strengthen their ability to care for and face the challenges of their child's disability or obtain understanding and resolution where appropriate.
- ◆ There may be times in a child's life or circumstances for the family where counselling services may be beneficial (e.g. initial diagnosis, delayed developmental milestones, educational transitions and the transition to adulthood).

POLICY

- ◆ The FSCD Program may provide assistance with the cost of a maximum of up to 20 hours per year of individual and/or family counselling (including time spent writing reports) from a licensed or registered provider under the *Health Professions Act* to support the family's well being.
- ◆ Parents are responsible for costs associated with psychological testing.

PROCEDURE

- (1) Parents are expected to access counselling services or coverage from other available programs, such as Mental Health Services, benefit plans, Blue Cross, private health insurance or employee plans, before accessing this service where such services or coverage are available to them.
- (2) Where alternative counselling services or coverage are not available or have been exhausted, the FSCD Program will help families access

counselling services of their choice from a licensed or registered health care provider under the *Health Professions Act*.

- (3) The FSCD worker and the parents collaboratively identify the number of hours of individual or family counselling required to meet the family's needs.
- (4) Parents must complete the Record of Services Provided (FSCD0003) and the Statement of Expenses (FSCD1845), indicating the number of counselling sessions, rate of payment and total cost. Valid receipts from the health care provider, with his/her license/registration number to confirm the hours of individual or family counselling provided must be attached.

FORMS

- ◆ Record of Services Provided (FSCD0003)
- ◆ Statement of Expenses (FSCD1845)

FSCDIS

FAMILY SUPPORT SERVICES

Related Supports

Family or Individual Counselling

- Assistance with the cost of family or individual counselling, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Clothing and Footwear

Regulation

- 3 (b) if the child has extraordinary need for clothing and footwear directly related to the child's disability, up to \$400 annually;

INTENT

- ♦ Assistance with clothing and footwear is intended to assist parents with some of the extraordinary costs associated with clothing and footwear for a child with a disability.

POLICY

The FSCD Program may provide assistance with the cost of extraordinary clothing and footwear needs that are directly related to a child's disability up to a maximum of \$400 per year.

Parents remain responsible for their child's typical clothing and footwear expenses.

Assistance with extraordinary clothing and footwear costs may be considered when, as a result of the child's disability, there is:

- Excessive wear and tear on clothing or footwear (e.g. due to braces, crawling)
- A need for specialized footwear to accommodate the disability
- Excessive or continual soiling of undergarments, pants or shorts for children over the age of three years
- Tearing of clothing, as the result of behavioural issues (e.g. ripping or biting)
- Excessive drooling and damage to clothing that results from a documented medical condition
- A need for specialized clothing adaptation or alteration, as a result of a medical condition (e.g. scoliosis, cerebral palsy)

-
- Additional clothing requirements where the child's weight substantially varies over a short period of time (e.g. weight gain from medication)
 - A need for other extraordinary clothing and/or footwear that are directly related to the child's disability, not listed above.

PROCEDURE

- (1) The FSCD worker and parents collaborate to identify the extraordinary clothing and footwear needs, such as the number and approximate cost of each item required, based on typical clothing or footwear costs.
- (2) Parents must specifically identify each clothing item purchased on the Reimbursement for Clothing and Footwear Items (CS3574) and provide valid receipts.
- (3) Clothing items and footwear submitted for reimbursement on receipts that include other purchases must be clearly marked on the receipt.
- (4) The Reimbursement for Clothing and Footwear Items and receipts must be attached to a Statement of Expenses (FSCD1845).

FORMS

- ♦ Reimbursement for Clothing and Footwear Items (CS3574)
- ♦ Statement of Expenses (FSCD1845)

FSCDIS

FAMILY SUPPORT SERVICES

Related Supports

Clothing and Footwear

- Assistance with the cost of extraordinary disability-related clothing and footwear needs, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Medical Appointment Supports

POLICY

The costs associated with attending disability-related medical appointments can have an extraordinary financial impact on families of children with disabilities. The Director may enter into an agreement to assist families with some of the extraordinary costs related to disability-related medical or rehabilitation appointments or hospitalization, including:

- Mileage and public transportation
- Parking
- Day trips, over eight hours in duration
- Meal and accommodation
- Sibling care
- Out-of-province medical appointments.

Mileage and Public Transportation

Regulation

- 3 (c) for travel in Alberta to a child's medical or rehabilitation appointments or for hospitalization, directly related to the child's disability,
- (i) \$0.12 for each kilometre or, if public transport is used, the cost of the most cost-effective and appropriate means of public transport for the child and one adult accompanying the child, and

INTENT

- ♦ The FSCD Program acknowledges that transportation costs may be significant when a child has many medical appointments related to their disability. Assistance with disability-related transportation costs are intended to help offset the costs of transporting a child and parent to and from medical or rehabilitation appointments, hospital stays or other medical, rehabilitation or treatment facilities the child needs to attend.

POLICY

- ♦ The FSCD Program may assist parents with a maximum of 12¢ per kilometre for travel directly related to the child's disability to and from medical or rehabilitation appointments or hospitalization.
- ♦ Assistance with mileage costs may be provided where the parent's vehicle is used for transportation or where the parent is required to reimburse a family member or friend for the use of their private vehicle.
- ♦ Where parents who do not have access to a vehicle, assistance with the cost of public transportation may be provided.
- ♦ Parents continue to be responsible for transportation to and from medical appointments not related to a child's disability.

PROCEDURE

- (1) Parents identify, to the best of their ability, the number of medical or rehabilitation appointments or hospitalizations anticipated or scheduled for their child in the coming agreement period and the distance (kilometres) per appointment.
- (2) The FSCD worker and parents collaborate to calculate the number of kilometres parents will travel to medical or rehabilitation appointments and/or for hospitalization over the agreement period.
- (3) Parents record and keep an ongoing record of the mileage to and from disability-related medical or rehabilitation appointments, the time and date of the appointments, kilometre totals and the name of the health care provider with whom the child has the appointment.
- (4) Transportation costs must be submitted on a Statement of Expenses form (FSCD1845) for reimbursement.

FORMS

- ♦ Statement of Expenses (FSCD1845)

FSCDIS

FAMILY SUPPORT SERVICES

Medical Appointment Supports

Mileage

- Assistance with the cost of mileage to attend disability-related medical or rehabilitation appointments, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date)

Public Transportation

- Assistance with the cost of public transportation (other than the parent's own private vehicle) to attend disability-related medical or rehabilitation

appointments, not to exceed \$ (rate) per (unit) per (quantity). For
the period (start date) to (end date)

Parking

Regulation

- 3 (c) for travel in Alberta to a child's medical or rehabilitation appointments or for hospitalization, directly related to the child's disability,
- (ii) up to \$10 daily for parking;

INTENT

- ♦ Assistance with parking costs is intended to assist parents with the cost of parking, during disability-related medical or rehabilitation appointments, visits/stays while a child is hospitalized and/or visits while a child is attending a medical treatment or assessment program full-time.

POLICY

- ♦ When parents use a private vehicle to transport their child with a disability to a disability-related medical or rehabilitation appointment, the FSCD Program may assist with the cost of parking up to \$10 a day.
- ♦ Assistance with parking fees may be considered when the parent is visiting or staying with a child during a hospital stay, taking a child to an appointment at a medical facility and/or when there are parking costs associated with parents visiting a child who is an inpatient at a medical treatment or rehabilitation program.

PROCEDURE

- (1) The FSCD worker and parents collaboratively identify the number of parking trips associated with medical or rehabilitation appointments for a child, visiting or staying with a child when the child is hospitalized and/or when the child is undergoing rehabilitation, assessment or treatment at a medical facility.

-
- (2) Parents are expected to keep a record of the medical or rehabilitation appointments and submit parking costs for reimbursement on the Statement of Expenses (FSCD1845).
 - (3) Parking receipts for disability-related medical appointments must be provided in order for the parents to be reimbursed with the exception of meter parking.
 - (4) Parking will be reimbursed at the most economical hourly, daily, weekly or monthly rate for the medical care facility and cannot exceed the cumulative daily maximum of \$10 per day.
 - (5) Parents are responsible for parking costs for medical appointments not related to the child's disability (e.g. routine dental appointments, regular ophthalmologists or audiologist appointments).
 - (6) Parents submit parking costs with receipts, with the exception of meter parking, on the Statement of Expenses form (FSCD1845).

FORMS

- ◆ Statement of Expenses (FSCD1845)

FSCDIS

FAMILY SUPPORT SERVICES

Medical Appointment Supports

Parking

- Assistance with the cost of parking while attending disability-related medical or rehabilitation appointments, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Day Trips Over Eight Hours

Regulation

- 3 (d) for travel in Alberta to a child's medical or rehabilitation appointments or for hospitalization, directly related to the child's disability, if attending the appointments requires that the child be out of the home for at least 8 hours but not overnight,
- (i) up to \$5 daily for meals for the child and up to \$8 daily for meals for an adult accompanying the child and
 - (ii) family support services described in clause (c);

INTENT

- ♦ This service is intended to assist parents with the extraordinary costs of mileage or public transportation, parking and meals for medical appointments where the appointment requires that the child and parent be away from home for a period of longer than eight hours including travel time.

POLICY

- ♦ FSCD may assist the parent with the cost of meals, parking, and transportation (up to the maximum amounts specified in regulation) when the child is required to attend a medical or rehabilitation appointment that requires the child and parent to be out of the home for more than eight consecutive hours (including travel time).

PROCEDURE

- (1) The FSCD worker and parents collaborate identify the number of day trips scheduled or anticipated on the coming agreement period and the transportation and meal needs during the day trips.
- (2) Parents must provide receipts for meals, parking and/or transportation costs on a Statement of Expenses (FSCD1845) form.

-
- (3) Refer to policy section regarding transportation and parking under Medical Appointments Supports.
 - (4) The FSCD worker together with the parent may also identify sibling care needs. Refer to Section – Sibling Care.

FORMS

- ◆ Statement of Expenses (FSCD1845)

FSCDIS

FAMILY SUPPORT SERVICES

Medical Appointment Supports

Day Trips Over Eight Hours

Meals: Adult

- Assistance with the cost of meals, as required for one adult accompanying the child to disability-related medical or rehabilitation appointments exceeding 8 hours, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Meals: Child

- Assistance with the cost of meals, as required for a child attending disability-related outpatient medical or rehabilitation appointments exceeding 8 hours, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Mileage

- Assistance with the cost of mileage to attend disability-related medical or rehabilitation appointments, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Public Transportation

- Assistance with the cost of public transportation (other than the parent's own private vehicle) to attend disability-related medical or rehabilitation appointments, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Parking

- Assistance with the cost of parking while attending disability-related medical or rehabilitation appointments, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Meals and Accommodation

Regulation

- 3 (e) for travel in Alberta to a child's medical or rehabilitation appointments or for hospitalization, directly related to the child's disability, if in the opinion of a director overnight accommodation is required,
- (i) up to \$85 daily for hotel accommodation,
 - (ii) up to \$10 daily for meals for the child unless the child is in hospital or in a facility where accommodation includes meals and up to \$15 daily for meals for an adult accompanying the child or up to \$100 weekly for the purchase of groceries for food preparation for the child and the adult,
 - (iii) if in the opinion of the director a 2nd person must accompany the child, up to \$15 daily for meals for the 2nd person or an additional \$50 weekly for groceries for food preparation for the 2nd person and, if the adult, person and child are using public transport, the cost of the most cost-effective appropriate means of public transport and
 - (iv) family support services described in clause (c);

INTENT

- ◆ Assistance with the cost of meals and accommodation is intended to assist parents with the extraordinary costs of overnight accommodation and meals, when a child's medical or rehabilitation appointments are scheduled away from his/her home community or when a child is hospitalized outside his/her home community.
- ◆ The FSCD Program recognizes that overnight accommodation and meals may be required where the:
 - Family has to travel a distance to access disability related medical services and cannot reasonably return home in the same day
 - Child is required to stay overnight or attend appointments on consecutive days

- Child's appointment is very early or late in the day making it unreasonable to travel to the appointment or home on the same day, or
- Use of public transportation necessitates an overnight stay.

POLICY

- ◆ The FSCD Program may assist with the cost of accommodations for up to \$85 a night, including service charges and taxes, for overnight accommodations as required when a child with a disability and parent are required to attend a medical or rehabilitation appointment or the child is hospitalized due to his/her disability.
- ◆ FSCD workers will discuss accommodation options with the family such as Ronald McDonald House.
- ◆ The FSCD Program may pay up to \$10 a day for meals for a child (unless the child is in hospital or in a facility where all of their meals are provided), up to \$15 a day for meals for an adult accompanying the child or up to \$100 a week to purchase groceries for the child and the adult.
- ◆ Based on a discussion with the parents and the needs identified, the Director may assist with the costs for a second person required to accompany the child. The FSCD Program may also provide up to \$15 a day for meals for a second person or an additional \$50 a week to purchase groceries as well as the costs of public transportation where required when the child and adult accompanying the child are using public transportation.
- ◆ Assistance with the costs of mileage or public transportation and parking may also be provided. Refer to Section – Medical Appointments Support.

PROCEDURE

- (1) The Director must approve meals and accommodation in advance of the trip to attend a disability-related medical appointment (unless the trip is made under emergency and short notice circumstances).
- (2) Receipts are required for accommodations and meals/groceries.

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- (3) Assistance with accommodations and meals must be submitted on a Statement of Expenses form (FSCD1845), with required receipts attached.

FORMS

- ◆ Statement of Expenses (FSCD1845)

FSCDIS

FAMILY SUPPORT SERVICES

Medical Appointment Supports

Mileage

- Assistance with the cost of mileage to attend disability-related medical or rehabilitation appointments, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Public Transportation

- Assistance with the cost of public transportation (other than the parent's own private vehicle) to attend disability-related medical or rehabilitation appointments, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Accommodation

- Assistance with the cost of overnight accommodations, as required to attend disability-related medical or rehabilitation appointments, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Meals: Adult

- Assistance with the cost of meals, as required for one adult, accompanying the child to disability-related medical or rehabilitation appointments, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Meals: Child

- Assistance with the cost of meals, as required for a child attending disability-related outpatient medical or rehabilitation appointments, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Groceries: Adult and Child

- Assistance with the cost of groceries, as required for the child and one accompanying adult while attending disability-related medical or rehabilitative appointments, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Meals: Additional Person

- Assistance with the cost of meals, as required for one additional person to attend disability-related medical or rehabilitative appointments, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Groceries: Additional Person

- Assistance with the cost of groceries, as required for one additional person to attend disability-related medical or rehabilitation appointments, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Parking

- Assistance with the cost of parking while attending disability-related medical or rehabilitation appointments, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Sibling Care

Regulation

- 3 (f) the cost of caring for the siblings of the child if the care is necessary to enable the adult who usually cares for the siblings to accompany the child to medical or rehabilitation appointments or hospitalizations directly related to the child's disability;

INTENT

- ♦ Sibling care can simplify disability-related appointments for parents, enabling parents to attend an appointment with their child with a disability without having to take all of their children along to the appointment.
- ♦ Parents with more than one child may require assistance with the cost of child care for their other child(ren) when they are required to attend appointments with their child who has a disability and cannot take their other children along or another parent or family member is not available to take care of the child(ren).

POLICY

- ♦ FSCD may assist with parent's cost to access short-term/hourly child care for siblings of children with disabilities, when a child with a disability has a medical appointment, is hospitalized or when the parent is visiting a child in a medical facility where the child has been admitted for assessment, treatment or rehabilitation.

PROCEDURE

- (1) FSCD worker and parents work together collaboratively to identify the need for child care for siblings based on scheduled or anticipated medical or rehabilitation appointments or hospitalizations.
- (2) FSCD worker and parents calculate the number of appointments, the number of visits and the approximate time required for each appointment for which sibling care is required.

- (3) The FSCD worker and parent collaboratively determine the appropriate rate of pay for sibling care based on the family's circumstances and community standards for child care. (Community standards refers to the typical costs of child care in a community and may vary depending on the type of child care or service provider).
- (4) Parents fill out the Record of Services Provided (FSCD0003), indicating the dates, times and hours that sibling care was provided and rate of pay for each caregiver providing sibling care and submit the form to the FSCD worker for reimbursement with a Statement of Expenses form (FSCD1845).

FORMS

- ◆ Statement of Expenses (FSCD1845)
- ◆ Record of Services Provided (FSCD0003)

FSCDIS

FAMILY SUPPORT SERVICES

Medical Appointment Supports

Sibling Care

- Assistance with the cost of sibling care, while attending disability-related medical or rehabilitation appointments, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Out-of-Province Medical Appointments

Regulation

- 3 (g) if the child attends medical or rehabilitation appointments or hospitalizations outside Alberta directly related to the child's disability that are funded by the Minister of Health and Wellness, family support services described in clauses (e) and (f) may be provided;

INTENT

- ♦ Out-of-province medical appointments supports are intended to provide support that enables parents to accompany their child to medical treatment outside the province authorized also by Alberta Health and Wellness. Assistance with the costs of meals, accommodation, sibling care, parking and mileage or transportation may be provided. Alberta Health and Wellness provides the cost associates with travel out of province and a medical escort where required.

POLICY

- ♦ When the child is required to receive medical care outside the province that has been approved, in writing by Alberta Health and Wellness, the FSCD Program may assist with associated costs where no other coverage is available, including:
 - Overnight accommodation, up to \$85 a night, including service charges and taxes
 - Parking, up to \$10 daily
 - Sibling care
 - Meals, up to \$10 a day for the child (unless the child is in hospital or in a facility where accommodation includes meals), \$15 a day for one adult or up to \$100 a week to purchase groceries for one adult and the child

- Meals for a second person, up to \$15 a day or up to an additional \$50 a week to purchase groceries, when an additional person must accompany the parent and child.
- ♦ Refer to the policy sections specific to each of these individual services.
- ♦ FSCD Program will not fund supports or services for out-of-province medical treatment or intervention that has not been approved by Health and Wellness.
- ♦ Parents are responsible for any costs exceeding regulated amounts and services funded in the agreement.

PROCEDURE

- (1) FSCD worker and parents identify the need for services to support the child and parent during out-of-province medical trips, approved by Health and Wellness.
- (2) Alberta Health and Wellness funds the cost of transportation to and from approved medical treatment, outside Alberta, for the child and one accompanying parent.
- (3) Funding for out-of-province medical trips should be pre-approved, except in the case of emergency medical evacuation.
- (4) FSCD worker may use discretion to assist with out-of-province supports that were not pre-approved.
- (5) US exchange rates are calculated at the prevailing rate when receipts are submitted and the claim is processed.
- (6) Expenses should be submitted on the Statement of Expenses form (FSCD1845) with receipts for reimbursement.

FORMS

- ♦ Statement of Expenses (FSCD1845)

FSCDIS

FAMILY SUPPORT SERVICES

Out-of-Province Medical Care

Mileage

- Assistance with the cost of mileage between the accommodation and medical facility, while accessing out-of-province disability-related medical care approved by Alberta Health and Wellness, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Public Transportation

- Assistance with the cost of public transportation (other than the parent's private vehicle) between the accommodation and medical facility, while accessing out-of-province disability-related medical care approved by Alberta Health and Wellness, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Accommodations

- Assistance with the cost of overnight accommodations, while accessing out-of-province disability-related medical care approved by Alberta Health and Wellness, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Meals: Adult

- Assistance with the cost of meals for one adult, accompanying the child, while accessing out-of-province disability-related medical care approved by Alberta Health and Wellness, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Meals: Child

- Assistance with the cost of meals for a child while accessing disability-related out-patient out-of-province medical care approved by Alberta Health and Wellness, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Groceries: Adult and Child

- Assistance with the cost of groceries for the child and one accompanying adult, while accessing out-of-province disability-related medical care approved by Alberta Health and Wellness, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Meals: Additional Person

- Assistance with the cost of meals for one additional person, while accessing out-of-province disability-related medical care approved by Alberta Health and Wellness, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Groceries: Additional Person

- Assistance with the cost of groceries for one additional person, while accessing out-of-province disability-related medical care approved by Alberta Health and Wellness, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Parking

- Assistance with the cost of parking, while accessing out-of-province disability-related medical care approved by Alberta Health and Wellness, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Sibling Care

- Assistance with the cost of sibling care, while accessing out-of-province disability-related medical care approved by Alberta Health and Wellness, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Family Support Respite Support

Regulation

- 3** (h) up to 240 hours annually of care for the child, for the purpose of providing temporary respite to the guardian by an adult who is not the child's adult relative unless in the opinion of the director such a relative is the most appropriate caregiver but the person providing respite under this clause is not the child's parent.

As per section

- 2.1 (3)** A person who is 16 or 17 years of age, who is not a relative, may provide the following services:
- (a) respite services under sections 3(h) and 4(1)(a)(i);

INTENT

- ◆ Respite is defined, for the purposes of the FSCD Program, as temporarily relieving parents from the full care and supervision demands of their child with a disability.
- ◆ While the responsibility of raising a child is demanding for any parent, the extent to which the child's disability creates additional or extraordinary demands on the parent's time and effort (physical and emotional) may constitute the need for FSCD respite supports.
- ◆ Respite supports are intended to help strengthen the family's ability to care for their child in the family home.
- ◆ Respite support should build on the family's natural supports including family and community networks.
- ◆ The importance of extended family involvement in the life of a child is recognized by the FSCD Program and valued as part of the family's natural support system.
- ◆ Respite supports are not intended to replace the family's natural support network or normative parental responsibilities.

- ♦ Respite should be flexible and responsive to the individual needs of families and respect family choices.
- ♦ By temporarily relieving parents of the full care demands for their child, respite support provides families with an opportunity to address other needs such as completing errands, attending to housework, spending time with their other children or taking some time for self care.

POLICY

- ♦ FSCD may provide respite supports for up to 240 hours annually, based on but not limited to 20 hours a month as Family Support.
- ♦ The type, amount and duration of respite support a family receives is based on assessment of the extraordinary care and supervision demands of the child with a disability, as well as the strengths, abilities and identified needs of the family.
- ♦ Respite may be provided in the family home or in the respite provider's home or in the community.
- ♦ If the respite provider is taking the child into the community with the parent's consent, the parent is responsible for any costs associated with community activities.
- ♦ Respite may be provided by:
 - a private person,
 - a community agency that provides respite services, or in unique circumstances
 - an adult relative.
- ♦ A parent/guardian may choose to hire a 16 or 17 year old individual who is not a relative to provide short term hourly respite under Family Support Services.
- ♦ In unique circumstances when an adult relative is the most appropriate respite support provider an adult relative may be reimbursed for respite supports.
- ♦ Relatives that provide respite must be 18 years of age or older.
- ♦ Some examples of when a relative may be considered to be the most appropriate respite provider are where:

-
- the child reacts negatively to people he/she is not familiar with,
 - there is no other consistent care provider available in the community,
or
 - family's language/communication or cultural needs limit the availability of respite providers able to communicate with the child and/or family.
- ◆ Respite providers may have a variety of training and experience. The respite provider's qualifications and skill level must be consistent with the child's level of care requirements. Rates of pay should be reflective of the respite provider's qualifications, skill level and community standards.
 - ◆ A respite provider with qualifications warranting a higher level of pay can only be paid a rate in keeping with the level of care required to meet the child's needs.
 - ◆ Nursing level of care (Registered Nurse or Licensed Practical Nurse) is provided by the regional health authorities. The FSCD Program cannot provide nursing level of care.
 - ◆ FSCD does not provide funding for parents to act as respite service providers for their child.
 - ◆ Respite support is not available to address work, training or education-related child care needs. (Refer to Child Care Supports.)
 - ◆ Respite support may be provided in unique circumstances, where a child would ordinarily be attending or participating in an educational program or child care for work-related purposes, but is unable to attend on a short term basis due to their disability.
 - ◆ In assessing respite needs, consideration must be given to the family's natural respite opportunities including when their child is attending an early intervention program, preschool or school; day care, out of school care or other work-related child care arrangements; or participating in community activities.
 - ◆ If the child with a disability meets the criteria for Child Focused Services, additional respite services (over and above Family Support Respite Support) may be provided under Child Focused Services based on assessed need.

PROCEDURE

- (1) FSCD worker and parents work together collaboratively to determine the number of hours of respite, based on the assessed needs of the child, that would meet the family's need (up to a maximum of 240 hours per year under Family Support).
- (2) If hiring a private respite provider, parents sign and submit the Record of Services Provided form (FSCD0003) along with a Statement of Expenses form (FSCD1845) for reimbursement.
- (3) If using an agency respite provider, parents sign and submit the agency's invoice along with a Statement of Expenses form (FSCD1845), if applicable.

FORMS

- ◆ Statement of Expenses (FSCD1845)
- ◆ Record of Services Provided (FSCD0003)
- ◆ Family/Child Assessment of Needs (FSCD3580)

FSCDIS

FAMILY SUPPORT SERVICES

Respite Services

FSS - In or Out-of-home Respite

- Assistance with the cost of in-home or out-of-home respite services, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).



Section 10: CHILD FOCUSED SERVICES

Child Focused Services

Regulation

- 4 (1) An agreement under section 4 of the Act between the director and a child's guardian must be in Form 1 in the Schedule and may provide for the following child focused services:

INTENT

- ◆ Child Focused Services build on the foundation of support created through the provision of Family Support Services to support children with disabilities and assist their families in helping them to reach their full potential. In addition to family support respite, a spectrum of child focused respite supports is available.
- ◆ Where information provided by the family and other relevant assessment information indicates that the disability **significantly limits the child's ability to function in normal daily living**, the Director may provide one or more of the following Child Focused Services, in addition to Family Support Services:
 - Respite services
 - Child care supports
 - Aide supports
 - Health-related supports
 - Specialized supports for children with severe disabilities
 - Out-of-Home Living Arrangements.
 - The type of assessment information required will vary with the severity and complexity of each child's disability and with the type and level of services required. Assessment information for less intensive services, such as child care support, may simply require additional information from the parents, the child care provider, or a service provider who knows the child. More intensive services, such as specialized services for children with severe disabilities, will require a more in-depth assessment information and review of the child's needs.

POLICY

- ♦ A child must have a confirmed medical diagnosis in order to be considered for Child Focused Services.
- ♦ Child Focused Services cannot be provided to children who are awaiting a diagnosis.
- ♦ Medical and other assessment information must indicate that the child is significantly limited in activities of daily living.
- ♦ An Individualized Family Support Plan (FSCD3593) must be completed for all children and their families receiving Child Focused Services.

Essential Program Standards

For families receiving *Child Focused Services*, an Individualized Family Support Plan (FSCD3593) is on file.

Child Focused Respite Services

Regulation

- 4 (1) (a) the following respite service based on the child's need for care related to the disability and the guardian's need for respite:
- (i) short-term hourly care for the child by an individual age 16 and over who is not the child's adult relative unless in the opinion of the director such a relative is the most appropriate caregiver but the person providing respite under this subclause is not the child's parent;
 - (ii) if an extended period of respite services is needed, up to 30 24-hour days of care annually for the child by an adult who is not the child's adult relative unless in the opinion of the director such a relative is the most appropriate caregiver but the person providing respite under this subclause is not the child's parent;
 - (iii) if more respite services are needed to maintain the guardian's home as the child's primary residence, additional 24-hour days annually of care for the child outside the child's home by an adult who is not the child's adult relative unless in the opinion of the director such a relative is the most appropriate caregiver but the person providing respite under this subclause is not the child's parent;

As per section

- 2.1 (3) A person who is 16 or 17 years of age, who is not a relative, may provide the following services:
- (a) respite services under sections 3(h) and 4(1)(a)(i);

INTENT

- ◆ Respite services are intended to temporarily relieve guardians from the full care and supervision demands for their child.
- ◆ While the responsibility of raising a child is demanding for any parent/guardian, the extent to which the child's disability creates additional or extraordinary demands on the guardian's time and effort (physical and emotional) may constitute the need for FSCD respite services.
- ◆ Respite services are intended to help strengthen the guardian's ability to care for their child in the family home.
- ◆ Respite services are intended to build on the family's natural supports including family and community networks.
 - The importance of extended family involvement in the life of a child is recognized by the FSCD Program and valued as part of the family's natural support system.
 - Respite services are not intended to replace the family's natural support network or normative parental responsibilities.
- ◆ Respite should be flexible and responsive to the individual needs of the guardian and respect family choices.
- ◆ Extended respite services are intended to provide guardians with additional 24-hour breaks from the full care demands of their child where required in order to maintain the family home as the child's primary residence.
 - Extended respite services are not intended to address out of home placement needs.

POLICY

- ◆ Child Focused service provision, including respite services, requires that the child have significant limitations in their ability to function in normal daily living.

-
- ◆ Child Focused respite services are provided where the child has significant limitation and where there is in an individually assessed need for addition respite services over and above the maximum 240 hours that may be provided under Family Support respite services.
 - ◆ The nature, amount and duration of respite services a family receives is based on the extraordinary care and supervision demands for their child, as well as the strengths, abilities and needs of the family.
 - ◆ In assessing respite needs, consideration must be given to the family's natural respite opportunities including when their child is attending an early intervention program, preschool or school; day care, out of school care or other work-related child care arrangements; or participating in community activities.
 - ◆ Extended 24-hour out of home respite services must not replace the family home as the child's primary residence.
 - ◆ Respite may be provided in the family home, in the respite provider's home or in the community.
 - ◆ If the respite provider is taking the child into the community with the guardian's consent, the guardian is responsible for any costs associated with community activities.
 - ◆ Respite services may be provided by:
 - a private person;
 - an agency;
 - a 16 or 17 year old individual who is not a relative if the need is for short term hourly respite; or

NOTE: 16 and 17 year olds cannot provide 24-hour respite services.

 - an adult relative where deemed to be the most appropriate caregiver.

Some examples of when a relative may be considered to be the most appropriate respite provider are where:

- the child reacts negatively to people he/she is not familiar with;
 - there is no other consistent care provider available in the community;
or
 - family's language/communication or cultural needs limit the availability of respite providers able to communicate with the family and child.
- ◆ FSCD does not provide funding for parents to act as respite service providers for their child.
 - ◆ Respite providers may have a variety of training and experience. The respite provider's skill level and corresponding rate of pay should be consistent with the child's level of care requirements.
 - ◆ A respite provider with other qualifications (e.g., a nursing background) is paid in relation to the service they are providing, not their profession or qualifications.
 - ◆ The FSCD Program will not provide nursing level of care including Registered Nurse or Licensed Practical Nurse.
 - ◆ Respite services are not available to address work or educational related child care needs. (Refer to Child Care Supports.)
 - ◆ In unique circumstances, respite services may be provided during time when a child would ordinarily be participating in an educational program or attending child care for work-related purposes. In these circumstances:
 - the reason for the child's inability to attend or participate must be directly related to their disability;
 - the child's care and supervision needs impact the guardian's ability to attend work/training/school or result in extraordinary care demands such that the family requires respite services; and

-
- respite is short-term response pending the coordination of an education program. (Respite Services are not intended to address care needs related to the ability to the school division to provide an appropriate program for a child.)
 - ◆ Within the context of Child Focused Services, respite services may be provided to assist guardians with the extraordinary portion of the costs for specialized camps if it is the most cost-effective and appropriate form of respite.
 - The extraordinary portion of the cost for a specialized camp is based on the portion of the cost that exceeds the typical costs of non-specialized camps within the community standards.
- NOTE: Children participating in non-specialized camps or other community activities who require support in order to participate may receive community aide supports. (Refer to Community Supports).
- ◆ Assistance with the extraordinary portion of the costs for a specialized camp cannot be provided in conjunction with community support aide services to attend the specialized camp.

PROCEDURE

- (1) The FSCD worker and the guardian work together to determine the type and level of Child Focused respite services based on the family's and child's individually assessed needs.

NOTE: The first 240 hours of short-term hourly respite is provided under Family Support.

- (2) Calculate the most cost-effective and appropriate rate for respite and identify the payment schedule (hourly, daily, weekly, monthly) based on the individually assessed needs of the family and child, as well as the community standards.

NOTE: Community standards refer to the typical costs of child care in a community and may vary depending on the type of child care and service provider.

- (3) If hiring a private respite provider, guardians sign and submit the Record of Services Provided form along with a Statement of Expenses form for reimbursement.
- (4) If using an agency respite provider, guardians sign and submit the agency's invoice along with a Statement of Expenses form, if applicable.

FORMS -FROM CHILD FOCUSED RESPITE SERVICES

- ◆ Family/Child Assessment of needs (FSCD3580)
- ◆ Record of Services Provided (FSCD0003)
- ◆ Statement of Expenses (FSCD1845)

FSCDIS

CHILD FOCUSED SERVICES

Respite Services

Short-term/Hourly In or Out-of-home Respite

- Assistance with the cost of in-home or out-of-home respite services, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

24-hour In-home or Out-of-home Respite

- Assistance with the cost of in-home or out-of-home respite services for 24-hour periods, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Extended Respite Services – Host Home

- Assistance with the cost of extended respite services for 24-hour periods or more, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Extended Respite Services – Foster Home

- Assistance with the cost of extended respite services for 24-hour periods or more, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Extended Respite Services – Group Home

- Assistance with the cost of extended respite services for 24-hour periods or more, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Extended Respite Services – Residential Facility

- Assistance with the cost of extended respite services for 24-hour periods or more, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Public Transportation

- Assistance with the cost of public transportation (other than the parent's own private vehicle) to transport the child to and from 24-hour or specialized out-of-home respite services, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Specialized Camp

- Assistance with the extraordinary portion of the cost of a specialized camp, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Public Transportation to/from Out-of-Home Respite

Regulation

- 4 (1) (b) if respite services are provided under clause (a)(ii) and (iii) and public transport is the only possible means of travel, the cost of the most cost-effective and appropriate means of public transport for the child and one adult to accompany the child to and from the child's home to the place where the respite services are provided;

INTENT

- ♦ Travel is reimbursed in order to facilitate the family's use of and access to out-of-home respite services, where public transportation is the family's only means of travel.
- ♦ Travel to and from 24-hour out-of-home respite or extended respite services can be an extraordinary cost, especially when public transportation is required.

POLICY

- ♦ The FSCD Program may provide assistance with the most economical and appropriate cost of public transportation to and from 24-hour out-of-home respite or specialized respite services.

PROCEDURE

- (1) The FSCD worker and parents collaboratively determine the expected number of trips to and from the out-of-home or extended respite provider's residence.
- (2) The FSCD worker and parents identify the most appropriate and economical public transportation option.

- (1) Parents complete and submit the Statement of Expenses (FSCD1845) with receipts attached for reimbursement.

FORMS

- ◆ Statement of Expenses (FSCD1845)

FSCDIS

CHILD FOCUSED SERVICES

Public Transportation

- Assistance with the cost of public transportation (other than the parent's private vehicle) to transport the child to and from 24-hour or extended out-of-home respite services, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Homemaker Services

Regulation

- 4 (1) (c) in order to assist in completing routine house cleaning and laundry that are impeded by the intensive care needs of the child directly related to the child's disability, up to 12 hours monthly of homemaker services;

A per section

- 2.1 (3) A person who is 16 or 17 years of age, who is not a relative, may provide the following services:
- (b) homemaker services under section 4(1)(c);

INTENT

- ◆ Homemaker services are intended to assist parents who are not able to complete routine homemaking chores due to the extraordinary demands on their time in order to meet their child's disability related care needs.
- ◆ Homemaker services may also be provided to assist parents where their child's disability results in extraordinary household cleaning and laundry.
- ◆ Some examples of when a child's disability may limit a parent's ability to complete routine house cleaning and laundry or results in additional and extraordinary household cleaning and laundry may include:
 - Medically fragile children with complex care needs requiring high levels of parental care on an ongoing basis
 - Significant behavioural needs requiring ongoing safety and supervision support (i.e. spitting, smearing, throwing things or other destructive behaviour)
 - Significant developmental needs requiring ongoing parental support (i.e. excessive drooling, incontinence or feeding needs).
- ◆ Homemaker services are intended to help parents maintain basic cleanliness standards within the family home when their ability to do so is impacted by their child's disability.

- ◆ Homemaker services are not intended to relieve the parent of normative household tasks or home maintenance.
- ◆ The need for homemaker services are NOT influenced by factors, such as:
 - Size of the home
 - Location of the home (urban/rural)
 - Number of children in the home
 - Individual cleanliness expectations
 - Indoor pets
 - Home schooling responsibilities
 - At home business.

POLICY

- ◆ The FSCD Program may provide assistance with the cost of homemaker services to assist with routine household cleaning and laundry for a maximum of up to 12 hours per month.
- ◆ Homemaker services are provided based on an assessed need that is directly related to a child's disability.
- ◆ Homemaker services may be provided for a short period of time to assist during a crisis situation or for the full agreement period where there is an assessed need for ongoing support.
- ◆ The homemaker must be 16 years of age or older.
- ◆ The homemaker cannot be a relative of the child.

PROCEDURE

- (1) The FSCD worker and parents collaboratively identify the number of hours of homemaker service required, based on the extraordinary care demands directly related to the child's disability.
- (2) If using a private individual for homemaker services, parents sign and submit the Record of Services Provided form (FSCD0003) along with a Statement of Expenses form (FSCD1845) for reimbursement.

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- (3) If receiving homemaker services from an agency, parents sign and submit the agency's invoice along with a Statement of Expenses form (FSCD1845), if applicable.

FORMS

- ◆ Statement of Expenses (FSCD1845)
- ◆ Record of Services Provided (FSCD0003)
- ◆ Family/Child Assessment of Needs (FSCD3580)

FSCDIS

CHILD FOCUSED SERVICES

Respite Services

Housekeeping Services

- Assistance with the cost of extraordinary disability-related housekeeping services, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Domestic Child Care Services

Regulation

- 4 (1) (d) up to 50 hours weekly of care for the child in the home, sibling care and assistance to the family with household daily tasks if in the opinion of the director that because of the child's various complex needs this is the most appropriate and cost-effective way to provide for the child's and family's needs;

INTENT

- ♦ The intent of domestic child care service is to help the family incorporate and coordinate the child's care needs into one position. This service makes scheduling and coordination for support and service provision easier, provides the child with one consistent caregiver and simplifies on-going communication and coordination between the family and one consistent caregiver. A consistent caregiver is also better able to learn the child's communication strategies, interact with the parents, and so forth.
- ♦ Domestic child care services are provided only where this service arrangement is the most appropriate for the family in terms of meeting their needs and the most cost-effective service option to address the family's needs.

POLICY

- ♦ The FSCD Program may provide assistance with the cost of domestic child care services to replace multiple other FSCD services where scheduling services is a complicated process and where it is difficult for the child to adjust to several different care providers. It can be more cost-effective and supportive to provide a family with in-home support from one individual rather than contracting separate service providers. This service may also be used when the child's physician documents that the child, due to physical health challenges, cannot attend a day care or day home. Guardians will still, in these circumstances, be responsible to cover their portion of parental work related child care costs.

-
- ◆ The domestic child care service may incorporate the following FSCD services:

- In-home respite
- Extraordinary child care costs under 13 years old
- Child care over age 13
- Homemaker services
- Sibling care
- Personal care supports

- ◆ The FSCD Program:

- Does not fund typical domestic services recruitment costs.
- Does not sponsor or confirm employment for families who wish to bring foreign or non-Canadian family members or other persons into Canada to work as domestics.
- Has no obligation to either the employer or the employee to continue employment for a foreign domestic worker after he/she has been sponsored by the guardian or others, and/or commenced employment in Canada.

PROCEDURE

- (1) The FSCD worker completes an assessment of needs, in collaboration with the guardians.
- (2) The FSCD worker and guardians look at identified needs to determine what duties the domestic child care provider might be able to provide.
- (3) Families are not eligible for additional reimbursement for services that are outlined under the domestic child care service duties (e.g. if the domestic child care service is to provide all work-related child care, the guardian cannot submit invoices for other care providers to provide work-related child care).

- (4) Domestic child care service is provided as a salaried position. Reimbursement covers all relevant benefit costs, including Canada Pension Plan, Employment Insurance, Income Tax, Workers' Compensation Board and holiday pay.
- (5) Guardians are responsible for their typical work-related child care costs in circumstances where part of the domestic child care service is work-related child care including before/after school care. The guardians' work-related child care costs are deducted from the monthly amount provided for the domestic child care service and the guardians pay the portion of the domestic child care service associated with their work related child care.
- (6) In circumstances where the domestic child care service provides care for siblings of children with disabilities, the FSCD Program deducts the normal cost of day care or out-of-school care for siblings without disabilities from the monthly amount paid to the domestic child care service. Guardians pay for child care costs for siblings for whom the domestic service is used (e.g. if there are two siblings who require out-of-school care and this service is provided by the domestic hired to provide service for the child with a disability, the guardians must pay the work-related child care costs).
- (7) Domestic child care service responsibilities are determined and documented between the family, the FSCD worker, the domestic child care service and the agency.
- (8) Hourly payment for services provided by the domestic child care service, not related to the needs of children with disabilities, is the responsibility of the guardians.
- (9) Human Services is not responsible for the cost of training domestic child care workers to the skill set (e.g. English as a Second Language, Personal Care Attendant training or other specialized training) required by the child.
- (10) Guardians are to complete a Record of Services Provided (FSCD0003) and a Statement of Expenses (FSCD1845) and submit for reimbursement.

FORMS

- ◆ Record of Services Provided (FSCD0003)
- ◆ Statement of Expenses (FSCD1845)

FSCDIS

CHILD FOCUSED SERVICES

Respite Services

Domestic Child Care

- Assistance with the cost of domestic child care services, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Child Care Supports

Parents of children with disabilities are often faced with child care costs other parents do not have. Extraordinary care and supervision needs, related to a child's disability, add to the amount parents typically pay for child care services.

The FSCD Program may provide extraordinary care and supervision, under the following categories:

- Assistance with child care costs for children, under the age of 13 years
- Care and supervision for children 13 years of age and older
- Aide to assist the child in a child care facility
- An additional space in a family day home
- An aide in day care, for developmental purposes.

Under the *FSCD Regulation*, child care services may be offered on the basis of individual need, as determined through an assessment of the child's needs.

Child Care Supports – Children Under 13 Years

Regulation

- 4 (1) (e) while the guardian is at work, at school or attending training sessions, the following child focused services:
- (i) if the child is less than 13 years of age, the portion of child care costs directly related to the child's disability that are over and above the normal costs of child care;

INTENT

- ♦ Children under the age of 13 years typically require child care where their parents are working or attending training. The FSCD Program recognizes that in some instances, children with disabilities may have needs that surpass what is necessary for a child without a disability, resulting in extraordinary child care costs.
- ♦ The intent of child care supports for children under 13 years of age is to ensure that parents of children with disabilities have access to child care or out-of-school care at a similar cost as parents of children without disabilities.

POLICY

- ♦ FSCD may provide assistance with the extraordinary cost of child care or before/after school care that exceeds normal parental child care expenses for a child of the same age without a disability, based on assessed need. Child care can happen in the family home or in the community.

PROCEDURE

- (1) The FSCD worker and parents collaboratively identify the need for child care funding, where the cost of child care for a child with a disability exceeds the cost of child care for a child of similar age who does not have a disability.

- (2) The FSCD worker verifies, by telephone, contact note or through written documentation, the cost of child care or out-of-school care for a child with a disability and deducts the typical cost of child care for a child of similar age without a disability from the total.
- (3) Parents submit a Record of Services Provided (FSCD0003) and a Statement of Expenses (FSCD1845) for reimbursement.

FORMS

- ◆ Record of Services Provided (FSCD0003)
- ◆ Statement of Expenses (FSCD1845)

FSCDIS

CHILD FOCUSED SERVICES

Child Care Supports

Extraordinary Child Care (Under 13 Years Old)

- Assistance with the cost of extraordinary child care for a child age 13 years or younger, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Child Care Supports for Children Age 13 Years and Older

Regulation

- 4 (1)(e) while the parent is at work, at school or attending training sessions, the following child focused services:
- (ii) if the child is 13 years of age or more, the costs of child care required because of the child's disability;

A per section

- 2.1 (3) A person who is 16 or 17 years of age, who is not a relative, may provide the following services:
- (c) child care services for a child 13 years or more under section 4(1)(e)(ii);

INTENT

- ♦ The intent of child care supports for children 13 years of age and older is to ensure that parents of children with disabilities have the support they require to be able to work or attend training.
- ♦ The FSCD Program recognizes that most work related child care for children 13 years of age or older is extraordinary. Typically children 13 years of age or older are in school full time, do not require care for short periods of time and become increasing more independent with age.

POLICY

- ♦ FSCD may assist with the cost of work-related child care or out-of-school care for children age 13 years or older during:
 - the regular school year,
 - the scheduled summer school break, as well as
 - evenings and weekends based on the parent's work, school or training schedule.
- ♦ FSCD work-related child care for children 13 years of age or older does not replace parental responsibility to provide for appropriate child care arrangements when they are required to be away from home overnight or for 24 hour periods.

- ◆ If the need for overnight or 24 hour child care is directly related to the child's disability and if not for the disability no overnight or 24 hour child care arrangements would be required, the FSCD Program may provide child car support.
- ◆ Child care for children age 13 years and older may be provided in the family home or in the community.
- ◆ The child care provider must be 16 years of age or older.
- ◆ The child care provider cannot be a relative of the child.

PROCEDURE

- (1) The FSCD worker and parents collaboratively identify the family's need for child care for children with disabilities who are age 13 years and older.
- (2) Parents provide the FSCD worker with information regarding the hours and/or days of child care required based on their work, school or training schedule.
- (3) The FSCD Program may request written documentation verifying employment hours.
- (4) The FSCD worker and parent work together to identify the most cost effective and appropriate child care arrangement.
- (5) The FSCD worker and parent negotiate a rate of pay based on the service provider arrangements and community standards.
- (6) If hiring a private child care provider, parents sign and submit the Record of Services Provided form (FSCD0003) along with a Statement of Expenses form (FSCD1845) for reimbursement.
- (7) If using an agency provider, parents sign and submit the agency's invoice along with a Statement of Expenses form (FSCD1845), if applicable.

FORMS

- ◆ Record of Services Provided (FSCD0003)
- ◆ Statement of Expenses (FSCD1845)
- ◆ Family/Child Assessment of Needs (FSCD3580)

FSCDIS

CHILD FOCUSED SERVICES

Child Care Supports

Extraordinary Child Care (13 Years +)

- Assistance with the cost of extraordinary child care for a child age 13 years or older, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Aide in Child Care Facility

Regulation

- 4 (1) (e) while the guardian is at work, at school or attending training sessions, the following child focused services:
- (iii) the cost of an aide, if required, for the child attending a day care facility or an out-of-school program if the aide is needed because of the child's disability to ensure the safety and supervision of the child and to have the child included in activities;

INTENT

- ◆ The intent of this service is to ensure children with disabilities are included in day care facilities and out-of-school care programs. The FSCD Program provides additional support for the extra safety and supervision needs of the child with a disability, thus providing parents with the same options for child care as parents of children who do not have additional safety and supervision needs.
- ◆ Aide supports should be provided in the most natural and least intrusive manner. An example may be an aide that coordinates supports to more than one child in the child care facility.

POLICY

- ◆ The FSCD Program may assist with the cost of an aide in day care or out-of-school care to ensure the safety and supervision or inclusion of children with disabilities when parents are working or attending educational or training programs.
- ◆ Aide services will not be provided if the child is eligible to receive the same service from another government department, such as Alberta Learning or Alberta Health and Wellness.

PROCEDURE

- (1) The FSCD worker collaborates with the parents to identify the need for an aide in day care or out-of-school care.
- (2) A Service Provider's Program Plan (FSCD0467) is developed by the service provider and the parents, in consultation with the aide, and submitted to the FSCD Program. The plan must identify the extraordinary care, supervision and assistance required to ensure the safety of the child and the child's inclusion in day care programs.
- (3) The FSCD worker reviews and monitors the Service Provider's Program Plan (FSCD0467) and, in discussion with the parents, determines the hours of aide time required.
- (4) Rate of pay for the aide is based on the specific skill set required to meet the needs of the child.
- (5) Parents submit a Record of Services Provided (FSCD0003) and submit with the Statement of Expenses (FSCD1845) for reimbursement.

FORMS

- ◆ Individualized Family Support Plan (FSCD3593)
- ◆ Record of Services Provided (FSCD0003)
- ◆ Statement of Expenses (FSCD1845)

FSCDIS

CHILD FOCUSED SERVICES

Child Care Supports

Aide in Day Care or Child Care Facility

- Assistance with the cost of an aide in day care or other child care facility, as required for the child's safety, supervision and inclusion, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Additional Space in a Family Day Home

Regulation

- 4 (1) (e) while the guardian is at work, at school or attending training sessions, the following child focused services:
- (iv) the cost for additional space in a family day home, if additional space is needed because of the child's disability to ensure the safety and supervision of the child and to have the child included in activities;

INTENT

- ♦ The intent is to ensure the family day home service provider has adequate time, through the funding of additional space, to ensure the safety and supervision of the child and to make sure the child's inclusion, personal care needs and medical requirements are met.
- ♦ It is recognized that some communities do not have child care facilities such as day care, and that a family day home may be the most appropriate child care support for a child with a disability.

POLICY

- ♦ The FSCD Program may provide assistance with the cost of additional space in a family day home when the child with a disability has safety and supervision needs and/or personal or medical care needs that require the additional time and attention of the family day home service provider.

PROCEDURE

- (1) The FSCD worker and parents identify the need for additional space in a family day home on the basis of:
- Safety, supervision and support needs
 - Inclusion in activities or programming at the family day home

-
- Documented medical concerns that indicate the child cannot attend a child care facility.
- (2) Parents identify the selected family day home and provide validation from the family day home, regarding the monthly fee.
 - (3) The family day home service providers validates the need for additional space in order to provide required safety and supervision to meet the medical needs of the child (e.g. child has limited mobility and, in order to be included, the care provider must make physical adaptations to the environment, such as repositioning the child).
 - (4) The family day home service provider declares that additional space has been allocated for the child with a disability.
 - (5) Parents submit a Statement of Expenses (FSCD1845) for reimbursement.
 - (6) Where a family day home is approved as a vendor for direct billing, the parents sign the family day home invoice, indicating the service has been provided.

FORMS

- ♦ Service provider provides an invoice and declaration that two spaces have been allocated for a child with disabilities.
- ♦ Statement of Expenses (FSCD1845)

FSCDIS

CHILD FOCUSED SERVICES

Child Care Supports

Additional Space in a Day Home

- Assistance with the cost of additional space in a day home, as required for the child's safety, supervision and inclusion, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Aide in Day Care for Developmental Purposes

Regulation

- 4 (1) (f) the cost of up to 4 hours for each weekday to a maximum of 20 hours weekly for child care in a day care facility and for an aide to assist the child in the day care facility, if the child is to attend a day care facility not because the guardian is at work, at school or attending training sessions but because
- (i) a physician has identified the need for the child to attend a day care facility to enhance the child's development,
 - (ii) the child's program plan satisfactory to the director identifies the need for the child to attend a day care facility,
 - (iii) the child meets eligibility criteria for and is awaiting the commencement of preschool programming from the Department of Learning, and
 - (iv) the child requires services and has delays related to at least 2 areas of the child's development;

INTENT

- ♦ This benefit is not intended for families who are working or attending school and require work related child care. Typically the child would have remained at home with the parent, however, due to their complex needs the child requires early additional developmental assistance.
- ♦ The aide in day care for developmental purposes is intended to provide preschool children with experiences and activities that will enhance their development, as recommended by the child's physician.
- ♦ The service is intended for preschool children who meet the eligibility criteria and are awaiting the commencement of preschool.
- ♦ Preschool children may require developmental assistance while in a day care facility. The FSCD Program may provide assistance when it has been recommended that a child attend a day care facility for the purpose of enhancing development and an aide is required to assist with the child's care.

Aide services may be shared among children in a day care setting to allow inclusion.

- ◆ Where inclusive child care funding is available, the appropriate programs will be based on the needs of the child.

POLICY

- ◆ The FSCD Program may assist with the cost an aide in a day care to support the child's development for up to four hours per weekday, to a maximum of 20 hours per week, while the child is waiting to start an early intervention program through Alberta Learning.
- ◆ The FSCD Program may also assist with the part-time day care fees for up to four hours per week day, to a maximum of 20 hours per week where required to support the child's development.
- ◆ Aide support and day care fees for developmental purposes are not available where the child care is required for work related purposes.

PROCEDURE

- (1) The FSCD worker and parents work collaboratively to determine whether an aide in day care is required for developmental purposes while awaiting appropriate developmental intervention services.
- (2) Parents forward the physician's letter, indicating the need for the child to attend a day care facility for developmental reasons, to the FSCD worker.
- (3) FSCD worker contacts the day care facility with the parent's consent to discuss the expectations of the aide in supporting the child.
- (4) The day care and parents, in consultation with the aide, develop a Service Provider's Program Plan (FSCD0467) and give a copy to the FSCD worker. FSCD worker and service provider collaborate to monitor the program plan.
- (5) Parents submit a Record of Services Provided (FSCD0003) attached to the Statement of Expenses (FSCD1845).

FORMS

- ◆ Service Provider's Program Plan (FSCD0467)
- ◆ Record of Services Provided (FSCD0003)
- ◆ Statement of Expenses (FSCD1845)

FSCDIS

CHILD FOCUSED SERVICES

Child Care Supports

Developmental Day Care – Aide Services

- Assistance with the cost of an aide in day care or other child care facility, as required for developmental purposes, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Developmental Day Care – Day Care Costs

- Assistance with the cost of day care or other child care facility fees, where the child's attendance is required for developmental purposes, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Aide Supports

- ◆ Aide supports are intended to assist parents in addressing and managing their child's needs and/or to generalize skills and strategies across the child's natural environments. Specific approaches may be required to promote a child's development or address behavioural issues, as they relate to the child's assessed needs. The specific developmental or behavioural approaches will be goal and outcome focused and support parents in carrying out strategies.
- ◆ Aide supports will be provided, based on the individual and assessed needs of the child, in the following areas:
 - Personal care supports
 - Community supports
 - Behavioural supports
 - Developmental supports.
- ◆ Aide supports are not intended for the purpose of tutoring, academic support, assistance in a school program or lunchtime supervision at school. Although it is recognized that aide supports provided by the FSCD Program may also have benefits for the child in their school program, academic or school support is not the primary purpose.
- ◆ Aide support does not address the need for nursing level of care.
- ◆ If nursing level of care (Registered Nurse or Licensed Practical Nurse) is required the Regional Health Authority should be contacted.

Personal Care Supports

Regulation

- 4 (1) (g)** up to 4 hours daily for an aide to assist with the child's personal hygiene and other daily personal care activities if
- (i) the child is dependent on an adult to meet the child's personal hygiene and other daily personal care activities needs, and
 - (ii) the child's ability to meet the child's needs is not appropriate to the age of the child;

INTENT

- ♦ The intent of personal care support is to provide supports to assist a child with a disability with self-care, if applicable, and/or to assist with eating, bathing, washing and taking care of other personal hygiene needs. Where the child is totally or partially dependent upon an adult to provide personal care services.

POLICY

- ♦ The FSCD Program may provide personal care supports for up to four hours a day, to assist with the following:
 - Eat
 - Bathe
 - Groom
 - Perform medical elimination procedures (e.g. catheterization)
 - Reposition
 - Lift, as an individual or as a second person, when the child requires this
 - Perform other routines associated with personal care.
- ♦ The level and skill set of the personal care support provider needs to be appropriate to the child's level of individual needs. A child requiring personal care assistance with tasks such as bathing and grooming may not require that

the provider have a specialized skill set. If for example, a child requires care involving administration of medication, catheterization or the child has behavioural challenges, a personal care provider may require a higher skill set.

PROCEDURE

- (1) The FSCD worker, parents and the Regional Health Authority collaboratively identify the need for a personal care aide.
- (2) Parents outline the specific needs the child has on a daily basis.
- (3) Parents submit a Record of Services Provided (FSCD0003), with the Statement of Expenses (FSCD1845), for reimbursement.

FORMS

- ♦ Statement of Expenses (FSCD1845)
- ♦ Record of Services Provided (FSCD0003)

FSCDIS

CHILD FOCUSED SERVICES

Aide Supports

Personal Care Support

- Assistance with the cost of personal care support, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Community Support

Regulation

- 4 (1) (h) up to 144 hours annually for an aide to assist the child in participating in community programs and activities if the child's disability prevents the child from participating without the assistance of another person;

A per section

- 2.1 (3) A person who is 16 or 17 years of age, who is not a relative, may provide the following services:

(d) community aide services under section 4(1)(h).

INTENT

- ♦ It is important that children with disabilities play an active part in their communities and be included in community activities.
- ♦ The intent of community support aide is to ensure that children with disabilities, who experience limitations in their ability to participate, have the aide support they need in order to participate in recreational, social or community activities.
- ♦ Community support is not intended to replace parent responsibility to provide and participate in community, recreational or leisure activities for their child/youth.

POLICY

- ♦ The FSCD Program may provide community support for up to a maximum of 144 hours annually, based on but not limited to 12 hours per month.
- ♦ The number of hours of community support provided reflects the individually assessed needs of the child/youth and the community activities for which they require support.
- ♦ Community support is provided to facilitate a child/youth's participation in community activities where they would not otherwise be able to participate due to their disability.
- ♦ A community support aide is provided to facilitate a child's participation in activities in which parental support or adult participation would typically not be expected.

-
- ◆ The skill set of the community support service provider needs to be appropriate to the child's individual needs.
 - ◆ The community support aide must be 16 years of age or older.
 - ◆ The community support aide cannot be a relative to the child.
 - ◆ Community support cannot be provided for the purposes of support and supervision in educational activities that take place during regular school hours (e.g. school field trips, lunch time, recess).
 - ◆ Community support cannot be provided to assist a child in attending a specialized camp in conjunction with FSCD assistance with the extraordinary portion of the costs for a specialized camp under Child Focused Respite Services. (Refer to Section 10 - Child Focused Respite Services).

PROCEDURE

- (1) Parents and the FSCD worker discuss community activities for which the child/youth needs support in order to participate.
- (2) Parents and the FSCD worker identify the nature and level of community support required.
- (3) If using a private individual to provide community support services, parents sign and submit the Record of Services Provided form (FSCD0003) along with a Statement of Expenses form (FSCD1845) for reimbursement.
- (4) If receiving community support services through an agency provider, parents sign and submit the agency's invoice along with a Statement of Expenses form (FSCD1845), if applicable.

FORMS

- ◆ Record of Services Provided (FSCD0003)
- ◆ Statement of Expenses (FSCD1845)
- ◆ Family/Child Assessment of Needs (FSCD3580)

FSCDIS

CHILD FOCUSED SERVICES

Aide Supports

Community Support

- ◆ Assistance with the cost of community support, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Behavioural Support

Regulation

- 4 (1) (i) up to 10 hours weekly for a maximum of 6 months, or more months if a review, satisfactory to the director, states that more is needed, for an aide
- (i) to assist the child in behaviour management and to assist the child's guardian to manage the child's behaviour if the child's behaviour
- (A) is unsafe for the child and others or significantly limits the child's ability to carry out activities of normal daily living,
- (B) the assistance of an aide is likely to achieve measurable improvement in the child's behaviour or sustain a level of behaviour or prevent a regression in the child's behaviour or increased dependency in the child's behaviour and is not for the purpose of assisting the child's educational or academic development, and
- (C) the proposed assistance of the aide is based on established rehabilitative practices, strategies and approaches that are reasonable, least intrusive and, in the opinion of the director, have been demonstrated to be effective,

INTENT

- ♦ The intent is to help parents address specific behaviours exhibited by the child and to increase or reinforce parents' skills and strategies in managing the child's behaviour. The level and intensity of service will be based on developmentally appropriate intervention time and the child's individual needs.
- ♦ The goal is to help parents learn strategies to manage their child's behaviours.

POLICY

- ◆ The FSCD Program may provide up to 10 hours a week of behavioural support and/or developmental support, for a maximum of six months or more if a review indicates additional time is required. This support is intended to help the child manage his/her behaviour and to teach the parents strategies to manage the child's behaviour as well as to reinforce positive behavioural changes in the child. The service, which is based on assessed need, will be reviewed every six months. Every child receiving this service will have an Individualized Family Support Plan (FSCD3593).
- ◆ Behavioural and developmental supports may be provided concurrently, however, the combination of these supports must not exceed up to ten hours per week, for a maximum of six months or more if required.
- ◆ For all behavioural aide supports, the need and rationale for providing the service must be documented on file, in the Family/Child Assessment of Needs form (FSCD3580), contact notes, medical or other supporting assessment documentation.
- ◆ A Service Provider Program Plan is required for all behavioural aide supports.
- ◆ The Service Provider Program Plan must be developed and supervised by a clinical supervisor.
- ◆ The goals identified in the Service Provider Program Plan are to be consistent with the child's assessed behavioural needs.
- ◆ Aide services are intended to teach and support the parent(s) to manage their child's needs and to generalize the skills and strategies across the child's natural environments. The aide will work with parents to develop specific approaches and/or programs to promote the child's development, based on the assessed needs of the child.

Essential Program Standards

For children receiving ***Behavioural or Developmental Aide Support***, the rationale and behavioural or developmental need are documented on file.

PROCEDURE

- (1) The FSCD worker and parents collaboratively discuss the child's need for behavioural support, based on assessed need.
- (2) Parents and the FSCD worker discuss the behaviour(s) that are creating challenges for the parents and establish goals and outcomes with the service provider based on the child's assessed needs.
- (3) The FSCD worker requests documentation from the child's school, day care, out-of-school program, physician, therapists, and so forth, if required to support the need.
- (4) The Service Provider Program Plan is developed and monitored by the clinical supervisor.
- (5) A Service Provider's Program Plan (FSCD0467) outlining goals and objectives, expected results and expectations for parental involvement is submitted to the FSCD Program and placed on the child's file.
- (6) The aide's training or skills set must be appropriate to the needs of the child.
- (7) The Service Provider's Program Plan (FSCD0467) is incorporated into the Individualized Family Support Plan (FSCD3593), signed by the behavioural aide, the clinical supervisor and the parents, and placed on file. A copy is provided to the parent.
- (8) A final Service Provider's Program Plan (FSCD0467) update is submitted to the FSCD worker when goals and objectives are achieved.
- (9) Behavioural support may be provided for up to six months, at which time the Service Provider's Program Plan (FSCD0467) is reviewed by the parents, FSCD worker, clinical supervisor, and behavioural aide. Behavioural support may be provided beyond six months when a continued need or new goal is identified.
- (10) Parents submit a Record of Services Provided (FSCD0003), with the Statement of Expenses (FSCD1845), for reimbursement.

FORMS

- ♦ Service Provider's Program Plan (FSCD0467)
- ♦ Record of Services Provided (FSCD0003)
- ♦ Statement of Expenses (FSCD1845)

FSCDIS

CHILD FOCUSED SERVICES

Aide Supports

Behavioural Support

- Assistance with the cost of behavioural support, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Behavioural and/or Developmental Support

- Assistance with the cost of behavioural and developmental support, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Developmental Support

Regulation

- 4 (1) (i) up to 10 hours weekly for a maximum of 6 months or more months if a review, satisfactory to the director, states that more is needed, for an aide
- (ii) to assist the child and to teach the child's guardian to assist the child to reach a developmental goal if
- (A) the child has a developmental deficiency that significantly limits the child's ability to carry out activities of normal daily living,
- (B) the assistance is likely to achieve measurable improvement in the child's development or sustain a level of development or prevent a regression or increased dependency in the child's development and is not for the purpose of assisting the child's educational or academic development and
- (C) the proposed assistance of the aide is based on established rehabilitative practices, strategies and approaches that are reasonable, least intrusive and, in the opinion of the director, have been demonstrated to be effective,
- or
- (iii) to assist the child for reasons referred to in subclauses (i) and (ii);

INTENT

- ♦ The intent of this service is to support parents in developing skills and strategies that support their child's development in relation to the child's assessed needs.
- ♦ An aide helps to sustain or improve the child's level of ability and to prevent regression or a greater degree of dependence.

POLICY

- ◆ FSCD may provide up to 10 hours a week of developmental and/or behavioural aide support when the child has an identified developmental delay that significantly limits his/her ability to engage in activities of normal daily living.
- ◆ Behavioural and developmental supports may be provided concurrently; however, the combination of these supports must not exceed up to ten hours per week, for six months or more if a review indicates further aide support is required.
- ◆ For all developmental aide supports, the need and rationale for providing the service must be documented on file, in the Family/Child Assessment of Needs form (FSCD3580), contact notes, medical or other supporting assessment documentation.
- ◆ A Service Provider Program Plan is required for all developmental aide supports.
- ◆ The goals identified in the Service Provider Program Plan are to be consistent with the child's assessed developmental needs.
- ◆ The Service Provider Program Plan must be developed and monitored by a clinical supervisor. The clinical supervisor will work with the aide and family to develop specific approaches and/or programs to promote the child's development, based on the assessed needs of the child.
- ◆ Aide services are intended to teach and support the parent(s) to manage their child's needs and to generalize skills and strategies across the child's natural environments.
- ◆ A developmental aide is not to be used for remedial or educational purposes. A developmental aide may work with a child on gross or fine motor skills, language/communication, cognitive skills and/or social skills.
- ◆ Aide services will not provide services in an educational setting such as the classroom, recess and lunch-time.

Essential Program Standards

For children receiving *Behavioural or Developmental Aide Support*, the rationale and behavioural or developmental need are documented on file.

PROCEDURE

- (1) The FSCD worker and parents collaboratively discuss the child's need for a developmental aide, based on assessed need.
- (2) Parents, in partnership with the FSCD worker and clinical supervisor establish goals and outcomes, based on the child's assessed needs.
- (3) The aide's training or skills set must be appropriate to the needs of the child.
- (4) The aide submits a Service Provider's Program Plan (FSCD0467) that includes transition to natural supports and expectations for parental involvement to the FSCD Program.
- (5) The Service Provider's Program Plan (FSCD0467) is signed by the aide, the clinical coordinator of the service provider and the parents, and placed on file. A copy is provided to the parents.
- (6) The FSCD worker reviews the Service Provider's Program Plan (FSCD0467) and the documentation on progress submitted by the developmental aide every six months and places the information on file.
- (7) The Service Provider's Program Plan is monitored by the FSCD worker and the clinical coordinator.
- (8) The developmental aide submits a six (6) month Service Provider's Program Plan (FSCD0467) update (signed by the parents) outlining parental involvement to the FSCD worker.
- (9) A developmental aide may be provided beyond six months when continued need or a new goal is identified.
- (10) Parents submit a Record of Services Provided (FSCD0003), with the Statement of Expenses (FSCD1845), for reimbursement.

FORMS

- ♦ Service Provider's Program Plan (FSCD0467)
- ♦ Record of Services Provided (FSCD0003)
- ♦ Statement of Expenses (FSCD1845)

FSCDIS

CHILD FOCUSED SERVICES

Aide Supports

Developmental Support

- Assistance with the cost of developmental support, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Behavioural and/or Developmental Support

- Assistance with the cost of behavioural and developmental support, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Health-Related Supports

Prescriptions, emergency ambulance transportation, special dietary or nutritional and/or dental needs are not always fully covered by health and dental plans or while awaiting application for health insurance coverage. Families of children with disabilities often have to pay for these expenses. Human Services may provide health-related supports to help reduce the financial impact of disability-related costs and to ensure children receive the prescription, dietary, nutritional and/or dental services they need.

Families are responsible for costs typically associated with providing and caring for a child including Alberta Health Care coverage, Blue Cross or equivalent insurance coverage. Parents must make use of any benefits or insurance plans, including the Alberta Child Health Benefit and employee or other private plans, before they access services under the *Family Support for Children with Disabilities Act*.

Where the assessed need is related directly to a child's disability, the FSCD Program may provide assistance with the following health-related expenses:

- Dental care and orthodontic treatment
- Assistance with prescription drug costs
- Interim ambulance coverage.
- Medically-prescribed formula
- Special diet
- Medical benefit.

All health-related supports provided under the regulations will be offered, on the basis of individual need, as determined through an assessment of a child's needs.

Dental Care and Orthodontic Treatment

Regulation

- 4 (1) (j) the following health-related services if they are directly related to the child's disability:
- (i) the costs of dental and orthodontic treatment if it is recommended by the dental review committee established by the Alberta Dental Service Corporation
 - (A) for the portion of costs exceeding the costs covered by the guardian's dental insurance or benefit plan, or
 - (B) if the guardian does not have dental insurance or a benefit plan for dental care, the costs exceeding \$250 annually;

INTENT

- ◆ The intent is to help families with the cost of dental treatment or orthodontic work directly related to their child's disability. Extraordinary needs that exceed the cost parents typically pay for dental care may be covered by the FSCD Program.

POLICY

- ◆ Assistance with the extraordinary costs of Dental or orthodontic treatment related to the child's disability may be provided for the portion of the costs over and above the amount covered by dental plans, where approved by the Dental Review Committee.
- ◆ All requests for dental or orthodontic treatment costs must go through the Dental Review Committee.
- ◆ The Dental Review Committee provides expert dental advice to the FSCD Program that should be followed in terms of any dental/orthodontic benefits assessed.

PROCEDURE

- (1) The FSCD worker and parents collaboratively discuss the child's need for dental or orthodontic work directly related to the child's disability, based on an assessment by the child's dentist.
- (2) The FSCD worker discusses the requirements of the Application for Dental Treatment Assistance (CS0056) form with the parents and provides a copy to them.
- (3) Parents have the child's physician and dental care provider fill out the form, including the cost of the procedure(s), and return it to the FSCD Program. There is no time limit to this process; however, the Dental Review Panel may request updated information if the dental form has not been completed within the past six months.
- (4) The FSCD worker forwards the Application for Dental Treatment Assistance (CS0056) form to the Dental Review Panel.
- (5) The Dental Review Panel reviews the Application for Dental Treatment Assistance and renders its decision to the FSCD Program, in writing.
- (6) The FSCD worker informs the parents of the Dental Review Panel's decision. If the treatment is approved, the total amount of the dental treatment is written into an amendment, minus \$250 (or the remaining portion the parents have not paid for dental services or coverage in the past year).
- (7) Funds not used in the agreement period for which the amendment was added are carried over to the next agreement period, until the total funding is used (e.g. if the Dental Review Panel approves \$5,000 and only \$2,000 is used during the agreement period, the remaining \$3,000 is written into the next agreement).
- (8) Funding remaining in the agreement at the time of closure on the child's 18th birthday cannot be accessed beyond the file closure date. It is important that the FSCD worker advise the family that the dental treatment plan cannot be covered beyond the child's 18th birthday.
- (9) There are currently no time lines associated with application to the Dental Review Committee or the decision being rendered.

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- (10) The Dental Review Committee may recommend a more economical treatment program, where appropriate.
- (11) The FSCD worker may contact the Dental Review Committee with any questions about the Committee's recommendations. Contact Lyle Best at the Alberta Dental Services Corporation, (780) 426-7526.

OTHER CONSIDERATIONS

- ◆ Some prescription medications children take result in enamel damage.
- ◆ Some facial deformations result in the need for orthodontic work.
- ◆ Some children's diagnoses or behaviours require children to receive general anaesthetic for dental work.
- ◆ Many behaviours cause tooth damage (e.g. children who chew on hard substances, children who have oral stimulation sensory issues). The child's physician must document these conditions and circumstances on the Dental Review form.
- ◆ If new treatment is required that differs from the previously approved treatment, the new treatment must go through the Dental Review Panel independently. Funds are added to the agreement under the new treatment approval.

Administrative Process for FSCD Dental/Orthodontic Requests

STEP 1 – Application

The FSCD worker provides the parent with an Application for Dental Treatment Assistance (form CS0056).

The FSCD worker advises the parent of his/her responsibility to have all portions of the form completed and signed by the child's treating physician, dentist and themselves, and to return the completed application to the FSCD Program.

The FSCD worker advises the parent that failure to fully complete and return the application will result in processing delays and could result in denial of benefits.

STEP 2 – Review

The FSCD worker forwards the completed Application for Dental Treatment Assistance form to the Dental Review Committee.

The Dental Review Committee reviews and returns the form and the Committee's recommendations to the FSCD Program.

STEP 3 – Agreement for FSCD Dental/Orthodontic Benefits

The FSCD worker completes an FSCD Agreement or if an Agreement already exists, completes an Amendment to the Agreement, including the approved and agreed upon dental/orthodontic benefit.

The FSCD worker determines the parents' contribution for the child's direct dental treatment or dental plan premiums for the previous 12 month period. Parents are expected to contribute a minimum of \$250 per year towards dental expenses for their child.

If no dental expenses were incurred in the previous 12 months, the worker subtracts \$250 from the amount approved by the Dental Review Committee for treatment to determine the FSCD dental/orthodontic benefit.

If the parent has incurred dental expenses for their child in a sum of less than \$250 in the past year, the FSCD worker subtracts the total cost paid for dental

services from the amount approved by the Dental Review Committee to determine the FSCD dental/orthodontic benefit.

If the parent has incurred dental expenses for the child, exceeding the \$250 per year contribution, the FSCD dental/orthodontic benefit is the total amount approved by the Dental Review Committee.

STEP 4 – Dental Work

The dental work is completed, as per the approved treatment plan, prior to the child's 18th birthday.

STEP 5 - Payment

The dentist forwards an invoice for treatment provided directly to the FSCD Program.

Upon receipt of invoice, the FSCD worker confirms the dentist has signed the invoice, the parent has signed confirming receipt of services and the claim is consistent with the amount and type of service approved and provided for in the FSCD Agreement.

FORMS

- ♦ Application for Dental Treatment Assistance

FSCDIS

CHILD FOCUSED SERVICES

Health Related Supports

Dental/Orthodontic Treatment

- Assistance with the cost of extraordinary disability-related dental/orthodontic services, as approved by the Dental Review Committee, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Prescription Drugs

Regulation

- 4 (1) (j) the following health-related services if they are directly related to the child's disability:
- (ii) if the guardian has a health services insurance or benefit plan,
 - (A) up to 30% of the cost of prescription drugs or drugs that are approved by the health services insurance or benefit plan if the guardian's plan does not cover 100% of the cost, or
 - (B) the cost to the guardian of an additional health services insurance or benefit plan premium, if the cost of the prescription drugs the guardian would have to pay under paragraph (A) exceeds the cost of the premium of the additional insurance or plan;
 - (iii) if a guardian does not have a health services insurance or benefit plan to cover prescription drugs and
 - (A) if the guardian applies for coverage by such insurance or plan, the cost of prescription drugs for the lesser of 4 months or until the insurance or plan takes effect, or
 - (B) if the full cost of the prescription drugs is less than the cost to the guardian to purchase such insurance or plan, the cost of the prescription drugs;

INTENT

- ♦ Families of children with disabilities often face the high cost of individual drugs or ongoing multiple prescription drug costs. The intent is to provide assistance with the cost of prescription drugs related to the child's disability, to ensure the child receives the drugs he/she needs.

POLICY

- ◆ The FSCD Program may assist with up to 30% of the cost of a prescription drug that is directly related to the child's disability, where the drug is on Alberta Health and Wellness' approved prescription drug list or is approved for coverage under the parent's private insurance or benefit plan and where the parents insurance or benefit plan(s) does not cover 100% of the cost.
- ◆ Alternatively, FSCD may pay for the cost of an additional insurance or benefit plan when the balance of the cost over and above that which is covered by the parents insurance or benefit plan(s) is more than the cost of the premium for a second plan.
- ◆ Where the parent has applied for and is awaiting health insurance coverage, the FSCD Program may assist with the full cost of the prescription drug for up to four months.
- ◆ Where the full cost of the prescription drug is less than the cost of an insurance plan, the FSCD Program may assist with the full cost of the prescription drug.

PROCEDURE

- (1) The FSCD worker and parents review the child's medication needs, detailing the name, dosage and cost of the drug as well as the reason the drug is prescribed for the disability.
- (2) Parents provide the FSCD Program with information regarding their private insurance coverage. Assistance with the guardian's cost for prescription drugs is determined on the basis of one of the following options:
 - Up to 30% of drug costs
 - If a second plan is less than 30% of the costs of the drugs, the cost of the second plan
 - Interim prescription drug costs, pending approval of coverage for up to four months (e.g. Blue Cross)
 - The full cost of the prescription drugs is less than the cost of the parent's premium.

- (3) The FSCD Program requests confirmation from parents, regarding the percentage of coverage provided by their insurance plan.
- (4) Drug costs may be included in the original Family Support for Children With Disabilities Agreement (FSCD1621) or added through a Family Support for Children With Disabilities Amendment Agreement (FSCD0466).
- (5) Parents purchase the drug and submit a Statement of Expenses form (FSCD1845) for reimbursement.
- (6) The FSCD Program is not responsible for outstanding balances on insurance policies.
- (7) The prescription drugs must be:
 - On Health Canada's approved drug list
 - On Alberta Health and Wellness' drug list
 - Directly related to the disability.

Where the drug is not on Alberta Health and Wellness, contact the Provincial FSCD office or refer to the Medical Benefit Policy under the Health – Related Supports Section.

FORMS

- ◆ Statement of Expenses (FSCD1845)
- ◆ Family Support for Children With Disabilities Agreement (FSCD1621)
- ◆ Family Support for Children With Disabilities Amendment Agreement (FSCD0466)

FSCDIS

CHILD FOCUSED SERVICES

Health Related Supports

Prescription Drugs

- Assistance with the cost of up to 30% of extraordinary costs related to disability-related prescription drugs that exceed the portion covered by a health insurance plan(s), not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Interim Prescription Drug Costs

- Assistance with the cost of extraordinary disability-related prescription drugs, for up to four months, while the family is awaiting approval for a health insurance plan(s), not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Full Prescription Drug Costs

- Assistance with the full cost of extraordinary disability-related prescription drugs, where the full cost of the drug is less than the cost of the health insurance premium, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Purchase of a Second Health Insurance Plan

- Assistance with the purchase of a second health insurance plan, where the cost of the health insurance premium is less than up to 30 % of the disability-related prescription drug cost, after the coverage provided by the family's first health insurance plan, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Prescribed Formula

Regulation

- 4 (1) (i) the following health-related services if they are directly related to the child's disability:
- (iv) the amount by which formula prescribed or ordered by a physician in consultation with a registered dietician or registered nutritionist or ordered by a registered dietician or registered nutritionist exceeds the usual cost of formula for a child that age;

INTENT

- ♦ The intent is to help parents with the cost of medically-prescribed formula that their child requires as a direct result of his/her disability.

POLICY

- ♦ FSCD may assist with the cost of prescribed formula related to the child's disability when the total cost exceeds the normative cost for feeding a child of the same age. The child's physician in consultation with or ordered by a registered dietician or registered nutritionist must forward documentation, outlining the need for formula, the name of the formula, the amount of formula required and the feeding schedule, to the FSCD Program.

PROCEDURE

- (1) The FSCD worker and parents collaboratively discuss the child's need for medically-prescribed formula.
- (2) The parents forward the documentation from the physician and dietician, outlining the need for the formula, to the FSCD worker.
- (3) The registered dietician or registered nutritionist outlines the cost of the formula.

-
- (4) The FSCD worker calculates the additional cost for feeding the child by deducting the typical cost of feeding a child of the same age without a disability from the cost of the prescribed formula.

The average cost to feed a child per month is:

- 0 to 6 years - \$75
 - 7 years to 12 years - \$118
 - 13 years to 17 years - \$153.
- (5) Parents inform the FSCD Program when the child's nutritional needs change.
- (6) Parents submit the Statement of Expenses (FSCD1845) for reimbursement.

FORMS

- ◆ Statement of Expenses (FSCD1845)

FSCDIS

CHILD FOCUSED SERVICES

Health Related Supports

Prescription Formula

- Assistance with the cost of extraordinary disability-related prescription formula, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Special Diet

Regulation

- 4 (1) (j) the following health-related services if they are directly related to the child's disability:
- (v) the amount by which food prescribed or ordered by a physician, registered dietician or registered nutritionist exceeds the usual cost of food for a child that age if the prescribed or ordered food is not vitamins but is part of an accepted, non-experimental nutritional regime to effectively manage an identified condition or dietary need of the child;

INTENT

- ◆ This is intended to help families with costs associated with medically-prescribed special diets, related to the child's disability, that exceed normal nutritional expenses. Only food items are covered.
- ◆ When a specialized dietary item is prescribed by a physician, registered dietician or registered nutritionist, the FSCD Program may provide assistance with the cost of medically-prescribed special diets that exceed normal nutritional expenses.

POLICY

- ◆ The FSCD Program may assist with the cost of a medically prescribed special diet directly related to the child's disability when a physician, registered dietician or registered nutritionist determines special dietary item(s) would benefit a child by managing an identified condition and the cost of the diet exceeds normal nutritional expenses. The dietary items must be proven to be part of an effective nutritional regime.

PROCEDURE

- (1) The FSCD worker and parents discuss the child's need for a prescribed special diet. Parents forward the letter from either the physician, registered dietician or registered nutritionist to the FSCD Program outlining the need for a special diet.
- (2) The letter should outline special dietary items, estimated cost of required items, nutritional component of items and total monthly cost of all medically-prescribed special dietary items.
- (3) Parents must forward receipts, attached to a Statement of Expenses form (FSCD1845), that identify the special dietary items. The agreement lists the specific items covered. Receipts submitted for items not listed in the agreement will not be funded.

FORMS

- ◆ Statement of Expenses (FSCD1845)

FSCDIS

CHILD FOCUSED SERVICES

Health Related Supports

Medically-Prescribed Special Diet

Assistance with the cost of extraordinary disability-related medically-prescribed special diet, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Medical Benefits

Regulation

- 4 (1) (k) the cost of medical benefits directly related to the child's disability and, if the child has a sibling who is subject to an agreement under this subsection, the child's sibling's disability that is in excess of 2% of the aggregate net income reported on line 236 of the previous year's income tax return by the child's parents if, subject to subsection (4),
- (i) the medical benefit is life sustaining or it would be debilitating if the child did not receive the medical benefit,
 - (ii) another program or source does not provide the same or similar benefit in whole or in part regardless of whether the child is eligible to receive it,
 - (iii) the use of the medical benefit is based on established rehabilitation practices, strategies and approaches that are reasonable and demonstrated to be effective, and
 - (iv) the medical benefit is available in Alberta;
- 4 (3) In subsection (1)(k), "medical benefits" means
- (a) a medical supply, or
 - (b) if approved under section 4.1, a drug as prescribed by a physician and as recorded by a pharmacist.
- 4 (4) In subsection (1)(k), a parent's income is included in the calculation of the aggregate net income where
- (a) the child resides on a consistent or regular basis with the parent, or
 - (b) the child would consistently or regularly reside with the parent if the child's needs could be met in the parent's home.

Extraordinary drug approvals

- 4.1 (1) A director may approve a drug as a medical benefit for the purpose of section 4(1)(k) if
- (a) the drug is not a prescription drug or the drug is a prescription drug that is not indicated in the Alberta Health and Wellness Drug Benefit List for use in treatment of the child,

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- (b) none of the prescription drugs indicated in the Alberta Health and Wellness Drug Benefit List for use in the treatment of the child were effective to treat the child,
 - (c) the drug has already been prescribed by a physician to treat the child and the medical evidence is that it was an effective treatment, and
 - (d) the drug is approved under the *Food and Drug Act* (Canada) for sale or distribution in Canada.
- (2) A director, in deciding to approve a drug, may take into account a recommendation by the Common Drug Review Committee.

INTENT

- ♦ To assist families with the cost of medical benefits not otherwise funded when the cost creates a significant financial hardship for the family.

POLICY

- ♦ The need for the medical benefit must be directly related to the child's disability.
- ♦ A medical benefit request must be submitted to the Provincial FSCD Program for recommendations and approved by the CEO or the CEO's designate before a medical benefit is provided.
- ♦ All of the criteria identified in the regulation for medical benefits must be met in order for a medical benefit to be provided.
- ♦ The cost of the medical benefit must create a significant financial hardship for the family as defined in regulation. Financial hardship alone is insufficient to support the provision of a medical benefit.
- ♦ The need for a medical benefit is assessed based on current medical information and documentation supporting the need as per the criteria in the Regulation.
- ♦ A medical benefit recommendation cannot exceed 12 consecutive months. If the need for the medical benefit exceeds 12 months, a new medical benefit

request is required along with confirmation of significant financial hardship based on the parents' most recent income information and updated supporting documentation regarding the continued need as appropriate and required.

- ◆ If the need and timeframe of a recommended and approved medical benefit request crosses FSCD agreements, a new medical benefit request is not required prior to completing a renewed FSCD agreement. The medical benefit may be carried over to the renewed FSCD agreement with service end date aligning with the expiry date for the recommendation of the medical benefit.
- ◆ A medical benefit is considered to create a significant financial hardship when the cost of the requested medical benefit exceeds 2% of parents' net annual income.
 - Net annual income is the combined net income of the parents, as reported on line 236 of the parents' most recent T1 Income Tax Returns filed.
 - Net annual income is based on the taxation year immediately prior to the medical benefit request.
 - Parents are required to provide information from line 236 on their most recent Income Tax returns. A parent must have filed an Income Tax return for the most recent taxation year in order to determine significant financial hardship. Without this information, a medical benefit request cannot be completed.
 - FSCD workers must see a copy of the parents Income Tax Form in order to verify the net income amount to be used on the Medical Benefit Form.
 - If a copy of the parent's income tax form is mailed or faxed into the FSCD office, the copy must be securely disposed of or returned to the parent by registered mail and action documented in child's file.
 - The calculation of the medical benefit cost exceeding 2% of the parents' net annual income is based on the total cost of the medical benefit for the timeframe it is requested, up to a maximum of 12 months.
 - For a medical benefit that is not required for a full 12 month period, the total cost for the number of months that the benefit is needed is

calculated and this amount is used for the significant financial hardship calculation.

- ◆ Use the Significant Financial Hardship form to calculate the portion of the medical benefit cost that may be provided by FSCD.
- ◆ Parents are responsible to pay the costs for the medical benefit up to 2% of their net annual income.
- ◆ The FSCD Program may provide the portion of the cost of the medical benefit that exceeds 2% of the parents' net annual income.
- ◆ When a family requests more than one medical benefit for their child, the combined costs of the medical benefits will be taken into consideration to assess significant financial hardship and the calculation of the portion of the cost exceeding 2%.
- ◆ When a family has more than one child who has an FSCD agreement for whom medical benefits are requested, the total cost of the children's medical benefits will be taken into consideration to assess significant financial hardship and to determine the portion of the cost exceeding 2%.
- ◆ If a medical benefit previously requested did not meet significant financial hardship criteria, and additional medical benefits are requested at a later date, the concurrent cost of both the previous and additional medical benefits may be taken into consideration when assessing significant financial hardship.

NOTE: If approved, a new medical benefit request cannot be backdated to provide for the cost of the original requested items if the original request did not meet significant financial hardship.

- ◆ Expenses that a family has already incurred for medical benefits or other disability related expenses cannot be considered in the determination of significant financial hardship or cumulatively with a subsequent medical benefit request, even though the collective timeframe of both requests may be twelve months or less.
 - Medical benefits are not recalculated based on a change in the parents' income or employment circumstances during the time frame of a medical benefit that has already been recommended and approved.

- ◆ A recalculation of significant financial hardship for an existing medical benefit service may occur if:
 - line 236 of the families' income tax information for the most recent taxation year demonstrates the family net annual income decreased to the extent it would have a substantial impact on the significant financial hardship determination; and
 - there is six months or more remaining in the timeframe for a medical benefit that has already been recommended and approved.
- ◆ Additional medical benefits requested during the timeframe of an already approved medical benefit (either for the child who is currently receiving medical benefits or for the addition of medical benefits for another child in the family who has an FSCD agreement) will necessitate the submission of a new medical benefit request. Significant financial hardship will be reassessed and the portion of the medical benefit costs exceeding 2% of the parents' net annual income will be recalculated given the additional medical benefits requested.
- ◆ The need for the medical benefit must be based on the medical supply or drug being life-sustaining for the child or there must be documentation identifying that the absence of the medical benefit would have a debilitating affect on the child.
- ◆ A medical benefit may only be provided if no other source of funding for the medical benefit is available, either in whole or in part, to assist the family with the costs. The amount required as a parental cost share or contribution for another program or service cannot be included in the costs of a medical benefit being requested from FSCD.
- ◆ All other programs, services, insurance plans, etc. that may provide the same or similar benefit must be explored prior to submitting a medical benefit request.
- ◆ If a parents' health insurance benefit plan has denied funding for the requested medical benefit, the parent must provide documentation verifying the denial of the medical benefit.
- ◆ If the child/family did not meet the eligibility criteria for another program that is intended to provide the same or similar medical benefit, the FSCD Program

does not supersede the eligibility criteria of the other program by providing the medical benefit.

- ◆ Information must be provided to validate that all drugs requested under medical benefits are:
 - prescribed by a physician and recorded (processed, dispensed and filed) by a pharmacist.
 - not listed on the Alberta Health and Wellness Drug Benefit List or are on the list but not for the prescribed use,
 - approved by Health Canada, and
 - available for sale and distribution in Canada.
- ◆ All drugs requested under medical benefits are:
 - prescribed by a physician and recorded by a pharmacist,
 - not listed on the Alberta Health and Wellness Drug Benefit List or on the list but not for the prescribed use,
 - approved by Health Canada, and
 - available for sale and distribution in Canada.
- ◆ If a drug is prescribed that is not on the Drug Benefit List or not covered for its intended use, the requested drugs must have already been used by the child and proven effective for the child as documented by the physician.
- ◆ Documentation must be obtained from a physician or health care professional confirming the drug being requested is not being used in experimental and/or drug trials. Drugs being used in experimental and/or drug trials cannot be provided as a medical benefit.
- ◆ Drugs that are available from a physician or through a hospital by way of the Special Access Program through Health Canada cannot be provided as a medical benefit.
- ◆ Drugs that may be covered through Special Authorization (a physician's request to Alberta Health and Wellness for the drug to be covered by a provincial drug plan or insurer) cannot be provided as a medical benefit. If Special Authorization for the drug has been denied, it may be considered for a medical benefit request.

- ◆ Homeopathic/alternative drugs or herbal remedies will not be provided as a medical benefit.
- ◆ Drugs that do not have a Drug Identification Number (DIN) cannot be provided as a medical benefit. (A DIN is provided by Health Canada.)
- ◆ Where a physician has prescribed a combination of drugs that do not independently have a DIN but in combination are assigned a DIN, the medical benefit may be requested.
- ◆ Parents are responsible, upon request, to provide documentation and verification from applicable physicians, health professionals or funding resources that support the need for the medical benefit and describes how the medical benefit meets the criteria established in the Regulation for the provision of a medical benefit.
- ◆ Supporting documentation validating that medical benefit meets all of the criteria in the Regulation must be included with the medical benefit request.

PROCEDURE

- (1) The FSCD worker and parents discuss the child's need for medical benefits, as outlined in the Regulation.
- (2) The FSCD worker and family will explore any other programs or services that provide the medical benefit. The family will be provided with information and referral to other resources as appropriate.
- (3) Prior to completing the Medical Benefit Request Form, the FSCD worker must determine significant financial hardship using the Significant Financial Hardship Calculation form. Significant financial hardship cannot be determined without information from line 236 of the most recent T1 Income Tax Return. Appendix A-34 contains a sample of the Determining Significant Financial Hardship Calculation form.

How to complete the FSCD Medical Benefits Significant Financial Hardship form:

To complete this form electronically, open the form in Microsoft Excel, and enter the following information:

Step 1:

- a. Enter the amount(s) reflected on Line 236 of the parent's previous year's income tax statement in the green box provided. (If more than one parent (as defined in the Regulation), enter the information from line 236 for each parent in the green boxes provided. Press the "Enter" key.
- b. The total will automatically calculate, and the parent(s) net annual income will appear in the green "Total" box at the bottom of step 1.

Step 2: Will automatically calculate 2% of the Annual Family Net Income based on the information entered in Step 1.

Step 3:

- a. Enter the cost of the medical benefit in the green box(es) provided. (A group of supplies such as Broviac, IVAD or Ostomies may be entered as one medical benefit cost.) Press the "Enter" key after entering each medical benefit.
- b. The total monthly cost of all medical benefits being requested will be automatically calculated, and a total will appear in the green box at the bottom of Step 3.

Step 4:

- a. Enter the number of months that the medical benefit will be requested in the green box provided, across from the number (4).

Steps 5, 6 and 7: will be automatically calculated based on the information entered in Steps 1, 3, and 4.

If the result in Step 6 is a negative number, the family does not meet the significant financial hardship criteria for the medical benefits in this request.

Refer to Appendix A for an example of the FSCD Medical Benefits Significant Financial Hardship Form.

- (4) If the family does not meet the criteria for significant financial hardship, a Medical Benefit Request form is not completed or submitted.

- (5) If the criteria for significant financial hardship is met, the FSCD worker will proceed to complete a Medical Benefit Request Form. Appendix A-35 contains a sample of the Medical Benefit Request Form.
- (6) The FSCD worker gathers the necessary information and documentation from the family to assess if the medical benefit meets all of the criteria set out in the regulation.
- (7) Parents must provide documentation from the child's physician or health care professional providing information regarding the need for the medical benefit as it relates to the child's disability and the criteria set out in the regulation.
- (8) Parents must provide information regarding the denial of coverage or partial funding by private insurers or other programs and resources that may be available to the parent to assist with the costs of the requested medical benefit.

- (9) Details of the medical benefit need should include:

Medical supplies:

- Health care professional's name and date the health care professional requested the supply
- Specific supply being requested
- Quantity of each specific item
- A group or list of supplies such as for Broviac, IVAD or Ostomies supplies totalled and requested as one cost
- Total cost of items required
- Time period for which items are required

Prescription drugs

- Prescribing doctor's name and date of prescription
- Name of drug being prescribed
- Prescribed dosage
- Cost of drug – pharmacy letter confirming the cost of the drug pertaining to the dosage and quantity identified by the physician.

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- Confirmation that the drug is on the Alberta Health and Wellness Drug Benefit List but not approved for the prescribed use
 - Time period for which the drug(s) is required.
 - List of drugs on the Drug Benefit List that have been trialled for the child and their effectiveness
 - Length of time the child has been using the requested drug and the effectiveness of the drug.
 - Outcome of the physician's Special Authorization Application
- (10) When the Medical Benefit Request form has been completed and the required documentation collected, the Medical Benefit Request form is forwarded to the Provincial FSCD Program for review and recommendations.
- NOTE: The Medical Benefit Request form is an internal FSCD document that supports an internal review process. Parents should not be asked to complete this form.
- Medical Benefit Request Forms with incomplete information will be returned.
- (11) The Significant Financial Hardship Calculation form must be submitted along with the medical benefit request and other supporting documentation.
- (12) The Provincial FSCD Program reviews the medical benefit request to ensure criteria for significant financial hardship is met and that all other criteria in the Regulation are met. The Provincial FSCD Program may:
- consult with relevant medical professionals such as physicians, pharmacists, occupational therapists, physical therapists, speech therapists,
 - request additional information or supporting documentation from the submitting region, and
 - consult with other government programs regarding the provision of the medical benefit.

- (13) The Medical Benefit Request form is returned to the Chief Executive Officer (CEO) or designate of the submitting region with recommendations and rationale for the recommendation relevant to the provision of the medical benefit.
- (14) The requesting Region's CEO makes the final decision regarding the provision of the medical benefit.
- (15) The region informs the Provincial FSCD Program when a CEO decision regarding the provision of a medical benefit differs from the Provincial FSCD Program's recommendation.
- (16) The FSCD worker informs the family of the decision regarding the medical benefit request including the timeframe for the recommendations.
- (17) If the timeframe of the recommended medical benefit extends beyond the current agreement date, the recommended medical benefit if approved may be carried forward to the next agreement so long as the service end date aligns with the end date of the medical benefit timeframe as per the recommendations.
- (18) If the monthly cost, quantity or timeframe (so long as it does not exceed twelve months) changes after a medical benefit is recommended, the FSCD worker will complete the change notification section on the Medical Benefit Request form and submit it to the Provincial FSCD Program. An addendum to the agreement may be provided without further recommendation on the same medical benefit being requested.
- (19) If a family requests continued support for a medical benefit at the time of reassessment, the procedural steps are the same as for a new request. The ongoing need for a medical benefit and the determination of significant financial hardship must be reassessed within 12 months of the prior medical benefit request and recommendations.
- (20) If additional medical benefits are requested for a child already receiving a medical benefit or a medical benefit request for a sibling child is received, significant financial hardship is reassessed and the portion of the total costs exceeding 2% of the parents' net annual income is recalculated. A

new medical benefit request must be completed and submitted for review and recommendations.

- (21) Significant financial hardship and the portion of the cost of the medical benefit provided may be recalculated at the families request when new income tax information becomes available during the timeframe of a recommended medical benefit request.
- (22) A copy of the Medical Benefit Request form with recommendation and CEO approval or denial is placed on the child's file in section 4.
- (23) Funding for approved medical benefit is included in the child's agreement or provided by an addendum.

FORMS

- ◆ Determining Significant Financial Hardship Calculation form
- ◆ Medical Benefit Request form

FSCDIS

CHILD FOCUSED SERVICES

Medical Benefits

Prescription Drug Costs Not Covered by a Health Plan

- Assistance with drug costs, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Medical Supplies

- Assistance with the cost of medical supplies, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Ambulance

Regulation

- 4 (1) (l) if a child's condition related to their disability requires emergency transportation by ambulance and the guardian does not have a health care insurance or benefit plan to cover ambulance services and the guardian applies for coverage under such an insurance or plan, the cost of ambulance services for the lesser of 4 months or until the insurance or plan takes effect.

INTENT

- ◆ The intent is to assist parents with the cost of emergency ambulance transportation that is directly related to their child's disability if they do not have insurance coverage or are awaiting approval of their application for insurance coverage, for a maximum of four months.

POLICY

- ◆ The FSCD Program may assist with the cost of emergency ambulance transportation, when the ambulance trip is directly related to the child's disability and the parents do not have an insurance plan that covers the cost.
- ◆ Parents are expected to purchase an insurance plan as soon as possible after request for reimbursement of an ambulance trip. The FSCD Program may assist with the cost of ambulance trips for up to a maximum of four months after the original ambulance trip.
- ◆ Any subsequent ambulance costs incurred after the four month timeframe are the parents' responsibility.
- ◆ This support is for emergency trips only; Inter-hospital transfers are not funded through FSCD.

PROCEDURE

- (1) Parents inform the FSCD Program of the emergency ambulance trip including time, date and reason for ambulance use.
- (2) The FSCD worker approves the funding request for the emergency ambulance trip.
- (3) Parents may be required to provide documentation about their insurance plan's coverage (or lack of) for ambulance trips.
- (4) If the ambulance trip is funded through the FSCD Program and the parents do not have an insurance plan, the FSCD worker advises the parents to obtain insurance that covers ambulance trips.
- (5) If the ambulance trip is not funded through the FSCD Program, the FSCD worker informs the parents, verbally and in writing, of the reasons for the decision.
- (6) Parents may be required to provide documentation regarding the need for the emergency ambulance use, as related to the child's disability.
- (7) Parents submit the Statement of Expenses (FSCD1845) for reimbursement.

FORMS

- ◆ Statement of Expenses (FSCD1845)

FSCDIS

CHILD FOCUSED SERVICES

Health Related Supports

Ambulance

- Assistance with the cost of disability-related ambulance services, not to exceed \$ (rate) per (unit) per (quantity) . For the period (start date) to (end date) .

Specialized Services for Children with Severe Disabilities

Regulation

- 4 (1) (m) if a child has a severe disability resulting in significant limitations and service needs in 2 or more of the following areas:
- (i) behaviour;
 - (ii) communication and socialization skills;
 - (iii) cognitive abilities;
 - (iv) physical and motor development;
 - (v) self-help skills and adaptive functioning;
- and if
- (vi) the level and complexity of the child's needs require an array of integrated and coordinated services, including one or more specialized services,
 - (vii) a multidisciplinary team has completed an assessment that identifies that the child has a critical need for a specialized service and recommends to the director that a specialized service be provided,
 - (viii) an individualized plan, satisfactory to the director, has been developed to coordinate and direct the delivery of services, including a specialized service,
 - (ix) the proposed specialized service is likely, in the opinion of a multidisciplinary team, to achieve measurable improvement in a reasonable and predictable period of time or to sustain or to prevent a regression or dependency in the child's activities of normal daily living,
 - (x) the proposed specialized service is based on established rehabilitative practices, strategies and approaches that are reasonable, least intrusive and demonstrated to be effective and

-
- (xi) other available programs and services are not appropriate or are insufficient to meet the child's needs,

one or more specialized services for the child and consultation services for the child's guardian with respect to the specialized services, but with respect to areas referred to in subclauses (i) to (v) specialized services may not be provided for the purpose of assisting the child's education or academic development;

4 (2) In subsection (1)(m),

- (a) "activities of normal daily living" include, but are not limited to, in an age-appropriate manner,
- (i) communication and interaction,
 - (ii) feeding, bathing, dressing and toileting, and
 - (iii) understanding and decision-making;
- (b) "severe disability" means a condition or impairment that
- (i) results in a major loss of the child's functional ability or capacity to engage in the activities of normal daily living, and
 - (ii) requires the parent and other caregivers to provide continual and ongoing supervision, assistance and support in the activities of normal daily living to ensure the child's safety or to facilitate the child's participation at home and in the community.

INTENT

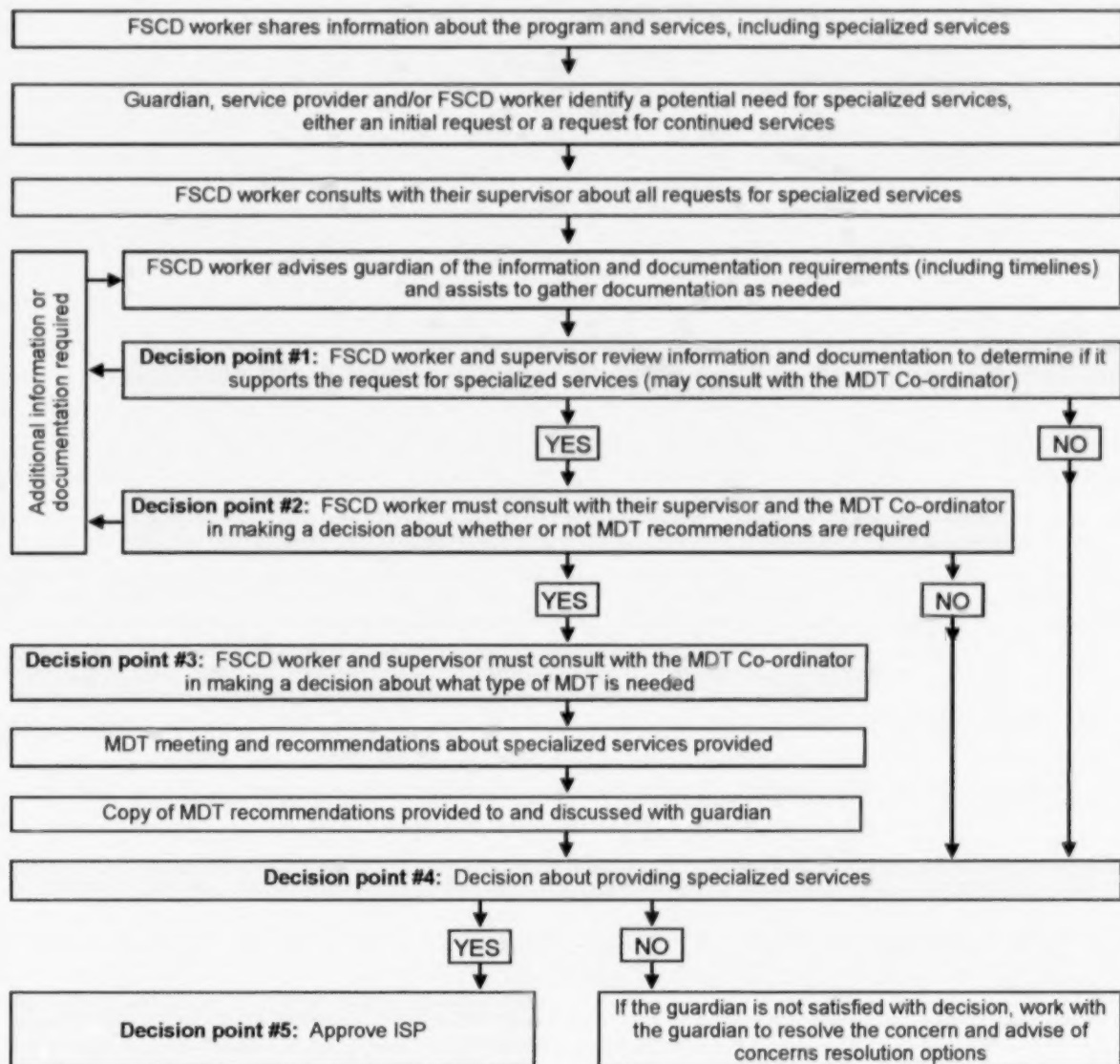
- ◆ Specialized services are intended for families whose child has a severe disability resulting in critical service needs that can not be fully met by other programs and services or other less intrusive FSCD supports and services.
 - Specialized services are provided based on the individual needs of the guardian and their child and not on a child's age or diagnosis.
- ◆ The term severe disability is referring to the child's limited ability to function in activities of normal daily living combined with the need for continual and ongoing supervision and support to ensure their safety and participation in these activities.

- ◆ Specialized services involve consultation to the guardian and are intended to support them in acquiring specific skills and learning strategies to help promote their child's participation in activities of normal daily living.
- ◆ FSCD recognizes the family as the primary source of care and support for a child and respects and values a family's ability to care for and promote their child's development. As such, guardians are involved in developing and implementing their Individualized Service Plan and through specialized services learn skills and strategies that help strengthen their ability to care for their child. This is accomplished through providing specialized services that:
 - address critical areas of need related to a child's ability to function in activities of normal daily living;
 - complement other programs, supports and services that the guardian and child have access to including the supports and services provided through the child's educational program and/or other FSCD services;
 - provide integrated supports that are individualized to address the unique need of the guardian and child and are coordinated with other supports and services that the guardian and child are receiving;
 - build upon the guardian's strengths, abilities and resources to promote their child's functional abilities and participation in activities of normal daily living;
 - provide the guardian with support, service and consultation from the following health professionals under the *Health Professions Act* relevant to the child's areas of need: speech-language pathologists, occupational therapists, physical therapists and psychologists; **and**
 - address the guardian's priorities and assist them to achieve goals related to their child's ability to participate in activities of normal daily living.
- ◆ Specialized services are coordinated and delivered through a specialized services team, which may include: health professionals, non-health professionals and aides based on the guardian's and child's individual needs and circumstances. All team members must have specific training and experience working with families of children with severe disabilities.

POLICY AND PROCEDURE

SPECIALIZED SERVICES DECISION-MAKING PROCESS

The following chart outlines the decision-making process and key decision points regarding the provision of specialized services.



Decision-making and communication requirements regarding the specialized services decision-making process:

- ◆ The FSCD worker, in consultation with their supervisor and the MDT Co-ordinator, makes all decisions related to the provision of specialized services including whether consultation with the Multi-Disciplinary Team (MDT) is required.
- ◆ The FSCD worker documents the decision made relevant to the specialized services decision making process on the *Specialized Services: Record of Key Decision Points* Form (see *Specialized Services: Record of Key Decision Points*, Appendix A).
- ◆ The FSCD worker verbally advises the guardian of the decisions made at each of the key decision points in the decision-making process.
- ◆ Decisions must be made and communicated to the guardian **within the specified timeframes** for decision-making noted with in policy.
- ◆ If a decision is made **not to provide** specialized services or the guardian is not satisfied with a decision about the nature or level of specialized services (decision point #4), the decision must be communicated to the guardian both verbally and in writing (see *Advising Guardian of Decisions*, Section 8).

NOTE: Where more than one of the five key decisions within the specialized services decision-making process has been made concurrently or in close succession, the written communication may include all of the relevant decisions in the same letter to the guardian.

- ◆ If the guardian is not satisfied with any of the decisions made within the specialized services decision-making process, the FSCD worker will:
 - work together with the guardian to resolve their concerns;
 - explore other support and service options to address needs;
 - clarify and communicate the decision in writing;
 - provide rationale for the decision; and
 - ensure that the guardian is aware of their concerns resolution options.

(See *Concerns Resolution* policy Section 12.)

Identifying the potential need for specialized service including a new/initial request or a request for continued services:

- ◆ The FSCD worker provides information about the FSCD Program and services, including specialized requirements; and explains the decision-making process regarding specialized services.
- ◆ A potential need for specialized services, initial or continued, may be identified by the guardian, a service provider or the FSCD worker during the initial or annual assessment of needs, or at any time there is a change in the family's and child's needs that may indicate the need for specialized services.
- ◆ FSCD workers must discuss all requests for specialized services with their supervisor within 10 working days of the request or identification of a potential need.

Information gathering and documentation requirements:

- ◆ The FSCD worker will:
 - advise the guardian of the information and documentation requirements, provide a copy of the documentation checklist for parents and explain what information is needed and why (see, Specialized Services Documentation – Parent Checklist, Appendix A);
 - establish relevant timelines for providing information with the guardian;
 - discuss the continued need for specialized services with the guardian who is currently receiving specialized services at least 90 calendar days prior to the expiration of current specialized services in their FSCD Agreement; and
 - assist the guardian, as needed, to gather the necessary information.
- ◆ Copies of the following information and documentation are required for **both initial request and request to continue** specialized services :
 - **Child's recent medical information (within the past 5 years), including:**
 - letters or reports from the child's physician or other health professionals regarding their diagnosis;
 - letters or reports from physicians or other health professionals involved with the child's ongoing care and follow-up (e.g. feeding

clinic results, hearing and vision test results, medication trials, etc.); and

- assessments or progress reports completed by relevant health professionals (e.g., speech and language or physical therapy, assessments).
 - **Information from the child's school program**, including the child's current Individualized Program Plans (IPP) as well as the previous years IPP (where applicable).
- ♦ **If the request is for continued specialized services**, the following documentation is also required:
- the updated Individualized Service Plan (ISP) for the current year as well as the ISP from the previous year (where applicable);
 - the proposed ISP for the services being requested; and
 - assessment or progress summaries from the health professionals on the family's specialized services team.
- ♦ Only copies of existing reports or assessments are required. If the guardian does not have some of the reports or assessments identified (e.g., the child has not had a recent speech assessment) there is no expectation that they have an assessment completed for the purpose of meeting the above documentation requirements.
- ♦ For initial requests for specialized services, an ISP is not required until after specialized services have been approved and commenced. The FSCD worker can not direct or pay for the guardian to work with a service provider for the purposes of developing an Individualized Service Plan in preparation for an initial MDT.

Reviewing the information and documentation provided:

- ♦ The FSCD worker and their supervisor review all of the information and documentation provided and may consult with the Multi-Disciplinary Team Co-ordinator (MDT Co-ordinator) regarding the interpretation of the information or documentation provided.
- ♦ If all required and existing documentation has not been provided, the FSCD worker may request additional information.

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- ◆ If the documentation provided is not clear, the FSCD worker may request clarification or seek consultation to help understand the how the information provided supports the request for specialized services.
 - ◆ For all requests for specialized services, the FSCD worker requires sufficient and clear information in order to make decisions about the need for an MDT or the provision of specialized services.
 - An MDT can not be scheduled until clear and sufficient information has been provided; and
 - Specialized services can not be extended while awaiting sufficient information to make a decision about the request for continued specialized services.
 - ◆ If a requested service is unfamiliar or the extent to which it is based on established practice has not been determined, the FSCD worker may consult with experts about the service being requested and may request that the family's proposed service provider supply a description of the service in adherence with the Guidelines for Demonstrating Effectiveness **(see Guidelines for Demonstrating Effectiveness, Appendix N)**. The description should include the following:
 - The target population;
 - The intended goals/objectives;
 - The approaches or strategies used to achieve goals/objectives;
 - The logic or rationale regarding how the practice leads to intended outcomes; and
 - Research evidence in accordance with the Guidelines for Demonstrating Effectiveness that support the effectiveness of the practice, strategy, or approach.
 - ◆ **(DECISION POINT #1) Does the information and documentation provided support the request and potential need for specialized services?** The FSCD worker in consultation with their supervisor makes a decision:
 - that not all of the existing and necessary documentation has been provided, advises the guardian of what is needed, identifies timelines for when the additional information will be provided and assists the guardian to gather the information or documentation as needed;

- that the information and documentation provided is unclear and that consultation with the guardian, service provider, the MDT Co-ordinator, other relevant experts and/or a member of the MDT is needed in order to help clarify the potential need for specialized services;
 - that the information and documentation do not support the need for specialized services and makes a decision not to provide specialized services; or
 - that the information and documentation supports the request for specialized services.
- ◆ If all of the required information, documentation or necessary clarification has not been provided within the agreed upon timeframe, the FSCD worker will advise the guardian that an MDT can not be scheduled (where required) and that specialized services can not be provided.

Determining if MDT recommendations are required:

- ◆ The FSCD worker must consult with their supervisor and the MDT Co-ordinator when determining if MDT recommendations are required.
- ◆ The FSCD worker, their supervisor and the MDT Co-ordinator will consider all of the information and documentation gathered to support the request for specialized services when determining the need for MDT recommendations.
- ◆ **MDT recommendations are required for all initial requests for specialized services.**
- ◆ **MDT recommendations may be required for requests to continue specialized services.**
- ◆ **MDT recommendations may not be required if:**
 - the FSCD worker has sufficient information and rationale to support the specialized services being requested;
 - the previous MDT recommended, and subsequent Individualized Service Plan supported, transitioning from specialized services to another type of service;
 - consultation with an expert or an individual MDT member who has the necessary expertise, is sufficient to clarify service needs (with the guardian's consent); or

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- the previous MDT recommendations are still considered relevant (e.g., the family has moved but their specialized services needs have not changed).

♦ **MDT recommendations may be required if:**

- the FSCD worker does not have sufficient rationale to support the services being requested or the continued need for specialized services;
- the previous MDT recommended a follow-up MDT review;
- there have been significant changes in the guardian's and child's needs, circumstances or goals since the previous MDT recommendations;
- there is a significant change in the services being requested compared to the services recommended by the previous MDT and/or the services currently being provided, including a major change in the:
 - hours of service being requested;
 - the nature of the services being requested (e.g., the disciplines involved, the type of interventions or the model of service delivery); or
 - the family has changed service providers (consider the rationale for change in service provider, the impact on the delivery of services, the Individualized Service Plan or costs, familiarity with the service provider and their approach);
- the Individualized Service Plan does not:
 - reflect the guardian's priorities, illustrate the guardian's involvement in implementing the plan or indicate how the family will be supported in generalizing the strategies and skills;
 - indicate a coordinated and integrated service delivery approach;
 - demonstrate an individualized approach based on the guardian's and child's strengths and needs;
 - reflect established practices; or
 - provide information about what goals have been achieved or provide rationale for why goals were not achieved, explain why

goals have changed or build upon previous goals and accomplishments.

- ◆ **(DECISION POINT #2) Are MDT recommendations required?** The FSCD worker, must consult with their supervisor and the MDT Co-ordinator when determining if MDT recommendations are required.
- ◆ If **MDT recommendations are not required**, the FSCD worker will make a decision regarding the provision of specialized services within 15 working days.
- ◆ If **MDT recommendations are required**, the FSCD worker, in consultation with their supervisor and with the MDT Co-ordinator, determines the type of MDT that is most appropriate.

Determining what type of MDT is required:

- ◆ The FSCD worker must consult with their supervisor and the MDT Co-ordinator when making a decision about what type of MDT is required.
- ◆ **For initial requests only**, the FSCD worker in consultation with their supervisor and the MDT Co-ordinator may consider recent multi-disciplinary assessment reports **as the MDT recommendations**, if the report provides sufficient information and rationale for the FSCD worker to make a decision about the request for specialized services. Only reports from the following clinics will be considered:
 - Children's Hospital Early Childhood Development Team in Calgary; or
 - Glenrose Rehabilitation Hospital Preschool Assessment Service in Edmonton.
- ◆ In all other cases, MDT recommendations come from the FSCD MDT.
- ◆ There are two types of FSCD MDT meetings:
 - A **face to face or video/teleconference meeting**, attended by the guardian; advocates/support persons; the service provider; and FSCD worker; or
 - With the guardian's consent, a **paper review**, attended by the FSCD worker.

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- ◆ The FSCD worker in consultation with their supervisor and the MDT Co-ordinator, may decide that a paper review is the most appropriate type of MDT if:
 - based on their review of the information and documentation provided by the family, the service provider or other professionals working with the family and child, the family's need for specialized services is evident and clearly supported;
 - the services being requested and the Individualized Service Plan, where applicable, appear appropriate to address the family's identified needs and priorities;
 - they have no significant questions or concerns with respect to the requested services or the proposed Individualized Service Plan that they anticipate may result in deciding not to provide specialized services or providing something significantly different than what has been requested; and
 - the parent agrees to this expedited MDT process.
 - ◆ **(DECISION POINT #3) What type of MDT is required?** The FSCD worker, must consult with their supervisor and the MDT Co-ordinator when making a decision about what type of MDT is required.
 - ◆ If an **MDT is needed** the FSCD worker:
 - informs the guardian of the need for an MDT and explains the type of MDT that is needed and why;
 - completes the MDT Cover Sheet (see Specialized Services – MDT Cover Sheet, Appendix A-41);

NOTE: the MDT Cover Sheet is intended not just for the MDT members review but also as a tool to assist the FSCD worker to prepare for the MDT by clarifying what is being requested and why. FSCD workers complete this form based on information that the guardian has provided and discuss and share the form with the guardian.

 - ensures that the guardian is aware of and has copies of all documentation being provided to the MDT;

- obtains the guardian's written consent to share the information and documentation with the MDT;
- obtains the guardian's written consent for a paper review and for the FSCD worker to attend and share information on their behalf (where applicable);
- completes the Specialized Services Documentation - FSCD Worker Checklist (see Appendix A-39) and has it signed by their supervisor.
- forwards the information and documentation to the MDT Co-ordinator; and
- consults with the MDT Co-ordinator to ensure that all information and documentation or clarification necessary to schedule the MDT has been provided.

Essential Program Standards

For families and children receiving Specialized Services for the first time, there are MDT recommendations on file from the FSCD MDT, or from Children's Hospital Early Childhood Development Team (ECDT) Calgary or Glenrose Rehabilitation Hospital Preschool Assessment Edmonton.

For families and children receiving ongoing Specialized Services, there is an Individualized Service Plan (ISP) on file related to the current Agreement.

Scheduling a face to face or video/teleconference MDT or a paper review MDT meeting:

- ◆ The FSCD worker provides the MDT Co-ordinator with all necessary information and documentation as well as the MDT Coversheet, signed consent forms and the completed FSCD Worker Checklist.
- ◆ The MDT Co-ordinator will schedule the MDT within 10 working days of receiving all necessary information and documentation.
- ◆ The MDT Co-ordinator discusses scheduling needs (e.g. the guardian's availability) and other considerations (e.g., video/teleconference options, the appropriate MDT members/health professionals relevant to the child's areas of need, etc.) with the FSCD worker, schedules the MDT, and advises the FSCD worker of the date, time and location of the MDT meeting.

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- ◆ The MDT Co-ordinator schedules two or more MDT members, relevant to the child's identified areas of need, to participate in the MDT.
 - ◆ The MDT Co-ordinator ensures that scheduled MDT members are not in a conflict of interest for the review that they are scheduled to participate in (see Multi-Disciplinary Team (MDT) Member Roles and Responsibilities, Appendix J).

Supporting the guardian's preparation and participation in the face to face or video/teleconference MDT:

- ◆ The FSCD worker:
 - encourages the guardian to invite their service provider to attend the MDT meeting;
 - advises the guardian that they may ask advocates/support people to attend the MDT with them; **and**
 - supports the guardian to prepare for the MDT, by:
 - providing information about what to expect at the MDT (e.g., who will be there, what kinds of questions may be asked);
 - clarifying what information may be important to share with the MDT relevant to the request for specialized services (e.g., examples of how the child's disability impacts the family, the progress being made, what the family would like to accomplish through specialized services, what skills or strategies the guardian would like to learn more about in order to support their child); and
 - meeting with the guardian and/or service provider, as required, prior to the MDT meeting to provide additional support to prepare for the MDT.

NOTE: All parties must be notified in advance of any additional persons who will be attending the MDT. If the FSCD worker is requesting that additional persons attend, they must obtain the guardian's consent.

Preparing for a paper review MDT:

- ◆ The FSCD worker meets with the guardian and/or service provider, as required, prior to the MDT meeting to discuss the guardian's and child's needs, the services they are requesting and what information they feel is important for the FSCD worker to share with the MDT.

The MDT Meeting:

- ◆ All MDTs are chaired and facilitated by the MDT Co-ordinator. The MDT Co-ordinator provides opening remarks explains the purpose of the meeting and facilitates information sharing and discussion (**see Role of the Multi-Disciplinary Team (MDT) Co-ordinator , Appendix K**).
- ◆ MDTs typically last for about 2 hours; less time may be required for paper review MDTs.
- ◆ During the first half hour of the scheduled meeting (longer if required), MDT members review the information and documentation provided to them. Only the MDT members and the MDT Co-ordinator are present for this part of the MDT meeting.
- ◆ When the MDT members have finished reviewing the information and documentation, the MDT Co-ordinator facilitates information sharing/discussion about the guardian's and child's needs, circumstances, priorities and the services they are requesting.
- ◆ Based on the information and documentation provided for their review and any other information provided for their consideration, the MDT members work collaboratively to formulate the MDT recommendations (see Specialized Services – Multi-Disciplinary Team Recommendations, Appendix A-42). Only the MDT members and the MDT Co-ordinator are present for this part of the MDT meeting.
 - The MDT Co-ordinator records the recommendations and rationale on the MDT Recommendation form; and
 - The MDT members review the recorded MDT recommendations and rationale for accuracy and initial the final document.

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- ◆ The **FSCD worker** must attend the information sharing/discussing portion of all MDT meetings, including **face to face MDTs and paper review MDT meetings** to:
 - provide information about the guardian's and child's needs, circumstances, priorities and the services being requested; and
 - for in person MDTs, support the guardian's participation in the process (e.g., assist the guardian to ensure that the MDT receives all necessary information).
 - ◆ During the **face to face, video/teleconference MDT** meeting, the **guardian; advocates/support persons and service provider(s)** also attend the information sharing /discussion portion of the MDT meeting:
 - The guardian is provided with an opportunity to share information about their family's and child's needs; the support that they are requesting; and, if relevant, the services they currently receive and the progress/benefits observed.
 - The service provider is given the opportunity to share information regarding progress with identified goals and the Individualized Service Plan (ISP).
 - The MDT members ask questions of the guardian and service provider and there is discussion about the guardian's and child's needs; the requested supports and services; the Individualized Service Plan (where applicable); and service planning.
 - Before concluding the information sharing/discussion portion of the MDT meeting, the MDT Co-ordinator will confirm that the:
 - MDT members have asked all of their questions and have enough information to make recommendations; and
 - guardian and service provider have provided all of the information that they wanted to share with the MDT.

Notes and documentation of the MDT meeting:

- ◆ FSCD workers, the guardian and service provider(s) (as applicable) may take notes during the information sharing/discussion portion of the MDT meeting. Notes taken by the FSCD worker must be kept on the child's FSCD file.

- ◆ MDT members may jot down informal reminders about questions to ask or points to consider when developing the MDT recommendations. The written MDT recommendations reflect any information, considered or noted as being important during the MDT meeting. Any reminders that they have jotted down are considered "transitory" and are shredded at the end of the MDT meeting and upon completion of the MDT recommendations.
- ◆ All copies of the information and documentation package are returned to the FSCD worker or shredded.
- ◆ The MDT Co-ordinator will keep a copy of the MDT recommendations for their records.
- ◆ The MDT recommendations constitute the complete record of the MDT meeting. No other documentation or notes are kept by the MDT Co-ordinator or MDT members.

Sharing the MDT recommendations:

- ◆ The MDT Co-ordinator will mail the original MDT recommendations and email a copy to the FSCD worker within five working days of the MDT.
- ◆ The MDT Co-ordinator ensures that required information is entered in FSCDIS to support MDT tracking and analysis.
- ◆ The FSCD worker ensures that the original Specialized Services – Multi-Disciplinary Team Recommendations (see Appendix A-42) are stored on the child's FSCD file.
- ◆ The FSCD worker will provide the guardian with a copy of the MDT recommendations, either by mail or in person, within 10 working days of the MDT meeting.
- ◆ The FSCD worker may consult with the MDT Co-ordinator for clarification regarding the MDT recommendations before or after discussing the MDT recommendations with the guardian.

◆ The FSCD worker will

- review the MDT recommendations with the guardian;
- explain the MDT recommendations; and
- give the guardian an opportunity to respond to the MDT recommendations or provide additional information prior to the FSCD worker making a decision about specialized services.

Decision-making about providing specialized services:

- ◆ MDT recommendations are only one piece of the information that the FSCD worker considers when making a decision about providing specialized services. The FSCD worker considers all of the information, both verbal and written, provided by:
 - the guardian;
 - service provider;
 - the child's educational program;
 - other professionals working with the family and child;
 - clinical assessments and reports;
 - consultation with experts including individual MDT members;
 - the Individualized Service Plan (ISP);
 - the Matters to be Considered; and
 - any other information relevant to the family and child's service needs.
- ◆ The FSCD worker must make a decision regarding the provision of specialized services and verbally advise the guardian(s) of the decision within 15 working days of:
 - deciding that the information does not support the request for specialized services;
 - deciding that an MDT is not required; or
 - the MDT meeting (regardless of type);

(see decision making follow-up required Specialized Services, Section 10-80 and Advising Guardian of Decisions, Section 8).
- ◆ Specialized services are provided when all of the following criteria are met:
 - the guardian requires support to strengthen their ability to promote their child's participation in activities of normal daily living;

- the impact of the diagnosis on the child's ability to function in activities of normal daily living combined with the demands on the guardian to provide continual and ongoing support and supervision in order to ensure their safety and participation suggests that they have a severe disability;
- the severe disability results in significant limitations and service needs in two or more of the following areas:
 - behaviour;
 - communication and social skills;
 - cognitive abilities;
 - physical and motor development;
 - self-help and adaptive functioning;
- the child's severe disability is complex, requiring an integrated and coordinated service approach involving health professionals (speech-language pathologists, occupational therapists, physical therapists and psychologists) relevant to the child's critical areas of need;
- there is an assessed need for specialized services, including:
 - for **initial requests** for specialized services, Multi-Disciplinary Team (MDT) recommendations identifying a need for specialized services and indicating that the services are likely to have a positive impact for the guardian and child; or
 - for **requests to continue specialized services**, sufficient information and rationale or MDT recommendations to support the services being requested and indicating that the services are likely to have a positive impact for the guardian and child;
- the specialized services being proposed are consistent with current information about evidence based approaches and best practices (see Guidelines for Demonstrating Effectiveness, Appendix N); and
- an Individualized Service Plan (ISP) clearly lays out how the guardian's and child's needs will be addressed.

NOTE: For initial requests for specialized services, an ISP is not required until after specialized services have been approved and commenced.

- ♦ **(DECISION POINT #4) Will specialized services be provided?** The FSCD worker makes a decision.

Roles and responsibilities of the specialized services team:

- ◆ The specialized services team consists of health professionals under the Health Professions Act, non-health professionals and aides based on the guardian's and child's individual needs, family circumstances and the nature of the specialized services to be provided. The guardian is also a key member of their specialized services team.
- ◆ The FSCD worker is not involved in direct service delivery or in the implementation of the Individualized Service Plan, but is considered part of the family's specialized services team to monitor how the agreed upon services are addressing the family's need.
- ◆ The Health professionals involved with the family and child, other than those who are service providers funded through the FSCD Agreement, (e.g., a speech therapist who is working with the child at school or a physical therapist at the hospital or local health clinic) are consulted with and invited to be a part of the family's specialized services team. Specialized services build upon and are coordinated with these other resources that the family has access to.
- ◆ The specialized services team works collaboratively to develop the Individualized Service Plan (ISP) based on the guardian's priorities; the family's and child's unique needs and circumstances; the critical areas of need identified and the specialized services being requested or agreed upon.
- ◆ All team members share responsibility for both the development and implementation of the coordinated and integrated Individualized Service Plan.
- ◆ One of the health (i.e., SLP, OT, PT or psychologist) or non-health (e.g., behavioural specialists, certified teacher, etc.) professionals on the specialized services team must be identified to serve as the principal contact for family, team members and the FSCD worker. This person coordinates the activities of the specialized services team, ensuring that team meetings occur and the ISP is reviewed and updated throughout the year.

NOTE: This team member does not supervise the other members of the specialized services team.

Review and approve the Individualized Service Plan (ISP):

- ◆ The ISP must be signed or, approval provided in writing, by all members of the specialized services team including the guardian.

NOTE: The FSCD worker does not sign the ISP.

- ◆ A well devised ISP leads to action and increases the likelihood of success. A clear plan is essential for any service designed to produce change. ISPs describe (1) the goals or purpose for providing a service, (2) the steps necessary to achieve the goals and (3) ways of tracking progress towards achieving stated goals.
- ◆ The ISP should be simple, clear and include a description of the following (see: Guidelines for Developing an Individualized Service Plan (ISP) for Specialized Services, Appendix M):
 - The **priorities** of the family (identification of service need);
 - The **goals** of the service (what you are trying to accomplish);
 - The **objectives** (short-term steps) necessary to achieve the goals;
 - The **strategies** that will be used to achieve the objectives and goals;
 - The **roles and responsibilities** of all specialized services team members;
 - A plan for **monitoring** the service and progress; and
 - A plan for **integrating and coordinating** services.
- ◆ An ISP must be individualized to the needs of the family and child, respond to the guardian's priorities, reflect an integrated and coordinated service delivery approach and be consistent with the nature of the specialized services approved by the FSCD worker.
- ◆ For **initial requests** for specialized services, the FSCD worker must receive the ISP within 90 calendar days of commencement of specialized services.
- ◆ For requests to **continue specialized services**, the FSCD worker must receive a copy of the current ISP as well as the new proposed ISP at least 60 calendar days prior to the expiration of the specialized services in the existing FSCD Agreement.

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- ◆ (DECISION POINT #5) Is the ISP **satisfactory**? The FSCD worker makes a decision:
 - to approve the ISP;
 - to request changes to or clarification of the ISP; or
 - that the ISP is not satisfactory and not to approve the ISP.
 - ◆ When modifications to the ISP are required, the ISP must be revised and provided to the FSCD worker within 30 calendar days.
 - ◆ If a satisfactory Individualized Service Plan is not provided, the FSCD worker may determine that all criteria related to the provision of specialized services have not been met and that specialized services can not be provided or will be discontinued.

Monitoring the ISP:

- ◆ The specialized services team members share responsibility for monitoring the implementation and progress being made on the goals identified in the ISP.
- ◆ ISPs should be reviewed and updated minimally four times per year. The ISP is a living document that changes over time to reflect the shifting priorities of the family, the child's developmental stage, transition planning and progress toward goals and objectives.
- ◆ In addition to scheduled reviews it is expected that the ISP be updated as goals are achieved or modified and that the FSCD worker be made aware of the review and the progress being made or any required changes to the ISP.
- ◆ Any significant changes to the nature or level of the specialized service or the ISP previously approved must be authorized by the FSCD worker, for example:
 - a change in service provider;
 - a change in the disciplines or professions involved as members of the family's specialized services team;
 - changes in areas of functioning targeted for intervention;
 - an increase in hours of service; or

- other changes that are significantly different from the ISP and type or level of specialized services approved the FSCD worker.
- ◆ The FSCD worker consults with their supervisor within 10 days of identifying a significant change to the specialized services or ISP from what was previously approved.
- ◆ The FSCD worker may:
 - seek clarification from the MDT Co-ordinator regarding adherence to the original MDT recommendations (where applicable);
 - consult an MDT member (with the written consent of the guardian);
 - identify the need for an MDT if changes are substantial;
 - amend the guardian's FSCD Agreement as required to reflect approved service changes; or
 - treat the change as a request for continued specialized services requiring a decision.

Seek Parent Feedback:

- ◆ Advise guardians of their opportunity to provide feedback about the decision-making process related to specialized services through the Parent Feedback form (see Specialized Services – Parent Feedback, Appendix A).
- ◆ Provide guardians a copy of the Parent Feedback form.

FORMS

- ◆ Specialized Services – MDT Coversheet
- ◆ Consent to Release Information (FSCD3592)
- ◆ Specialized Services Documentation – FSCD Worker Checklist
- ◆ Specialized Services Documentation – Parent Checklist
- ◆ Specialized Services – Multi-Disciplinary Team Recommendations
- ◆ Specialized Services – Parent Feedback

REFERENCES

- ◆ Guidelines for Demonstrating Effectiveness (see Appendix N)
- ◆ Guidelines for Developing an Individualized Service Plan (ISP) for Specialized Services
- ◆ MDT Roles and Responsibilities
- ◆ Role of the MDT Co-ordinator

FSCDIS

CHILD FOCUSED SERVICES

Specialized Support Services for Children with Severe Disabilities

Specialized Services – All Costs (Only use when services are provided through a Block Contract)

- Assistance with the cost of specialized services not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).
- Services to be provided by (name of agency). Service based on an approved Individualized Service Plan (ISP), and inclusive of all costs associated with the provision of Specialized Services. Regulation Section 4(1)(m).

Consultation and Aide Support – All Service Team Costs (Only use when services are provided through a Standing Offer of Agreement)

- Assistance with the cost of a service team to deliver specialized services not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).
- Services to be provided by (name of agency). Service based on an approved Individualized Service Plan (ISP), and inclusive of all direct and indirect time of service team members including service coordination. The amount provided includes the funds required to provide employer portion of employee benefits and deductions as required by law. Regulation Section 4(1)(m).

Speech-Language Pathologist

- Assistance with the cost of a speech-language pathologist to serve as a member of the specialized services team. Service based on an approved Individualized Service Plan (ISP) not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).
- Professional services not to exceed (quantity) hours per (unit) inclusive of both direct and indirect time for the agreement period. Receipts or other validation required. Regulation Section 4(1)(m).

Occupational Therapist

- Assistance with the cost of an occupational therapist to serve as a member of the specialized services team. Service based on an approved Individualized Service Plan (ISP) not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).
- Professional services not to exceed (quantity) hours per (unit) inclusive of both direct and indirect time for the agreement period. Receipts or other validation required. Regulation Section 4(1)(m).

Physical Therapist

- Assistance with the cost of a physical therapist to serve as a member of the specialized services team. Service based on an approved Individualized Service Plan (ISP) not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).
- Professional services not to exceed (quantity) hours per (unit) inclusive of both direct and indirect time for the agreement period. Receipts or other validation required. Regulation Section 4(1)(m).

Psychologist

- Assistance with the cost of a psychologist to serve as a member of the specialized services team. Service based on an approved Individualized Service Plan (ISP) not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

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- Professional services not to exceed (quantity) hours per (unit) inclusive of both direct and indirect time for the agreement period. Receipts or other validation required. Regulation Section 4(1)(m).

Non-Health Professional (please specify)

- Assistance with the cost of a non-health professional to serve as a member of the specialized services team. Service based on an approved Individualized Service Plan (ISP) not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).
- Assistance with the cost of (specify) to serve as a consulting member of the specialized services team, not to exceed (quantity) hours per (unit) inclusive of both direct and indirect time for the agreement period. This individual must have specific experience and training working with families of children with severe disabilities (e.g., behavioural specialist; certified teacher; a Master's degree in Psychology or Educational Psychology). Receipts or other validation required. The amount provided includes the funds required to provide employer portion of employee benefits and deductions as required by law. Regulation Section 4(1)(m).

Aide Support

- Assistance with the cost of an aide to serve as a member of the specialized services team. Service based on an approved Individualized Service Plan (ISP) not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).
- Assistance with the cost of an aide to work with the parent(s)/ family to implement the strategies identified in the Individualized Service Plan (ISP) and document progress towards stated goals, not to exceed (quantity) hours per (unit) inclusive of indirect time for the agreement period. Receipts or other validation required. The amount provided includes the funds required to provide employer portion of employee benefits and deductions as required by law. Regulation Section 4(1)(m).

Administrative Costs (Agencies only)

- Assistance with agency related administration costs associated with the provision of Specialized Services not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).
- Services to be provided by (name of agency). Receipts or other validation required. Regulation Section 4(1)(m).

Service Delivery Support Costs (Contracted agencies only)

- Assistance with agency related costs associated with supporting service team members to deliver specialized services that are not administrative in nature (e.g., aide supervision/training, and travel) not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).
- Services to be provided by (name of contracted service agency). Receipts or other validation required. Regulation Section 4(1)(m).

Exceptional Travel

- Assistance with the extraordinary costs associated with travel required to deliver specialized services in the most cost effective and appropriate way not to exceed (quantity) hours per (unit) or a rate of \$ (rate per hour). For the period (start date) to (end date).
- Services to be provided by (name). Receipts or other validation required. Regulation Section 4(1)(m).

Payroll Services

- Assistance with the cost of payroll services provided by a recognized payroll agency not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).
- Payroll services provided by (name of payroll agency e.g., Ceridian) to support the family to manage their financial responsibilities as an employer related to specialized services. Receipts or other validation required. Regulation Section 4(1)(m).

Out of Home Placement

Regulation

4 (1) (n) care of the child in a residence other than the guardian's home if the needs of the child cannot be met in the guardian's home;

INTENT

- ◆ The FSCD Program believes that children are best cared for by their family and in their family home.
- ◆ The intent of an out of home placement is to provide a temporary home for a child when the child's guardian is unable to meet their child's needs in the family home.
- ◆ Out of home placements may be short or long term arrangements but are not intended to be a permanent placement for a child.
- ◆ FSCD out of home placement service is not intended to replace or supersede the guardian's responsibilities for raising their child.
- ◆ FSCD out of home placement services are not intended or able to respond to emergency or crisis situations.

POLICY

- ◆ When a guardian requests that the FSCD Program fund an out of home placement for their child the FSCD worker will:
 - discuss with the guardian what services would be needed above and beyond those currently being accessed, to support the child to live in the family home full time.
 - assist the guardian to consider the availability of extended family, friends and community to help the family support the child within the family home.

- assist the guardian to explore and access all other government programs available to support the child within the family home.
- provide FSCD supports and services in coordination with other available community supports and government programs to help the guardian support their child to live in the family home full time.
- ◆ The FSCD Program may fund an out of home placement if a family is not able to meet their child's extraordinary disability related needs in the family home, despite accessing all available supports and services.
- ◆ The request for funding an FSCD out of home placement can only be initiated by the child's guardian.
- ◆ The FSCD worker must consult with a supervisor/manager regarding all guardian requests for out of home placements.
- ◆ An Out of Home Placement Request form must be completed (see Appendix A-19 and 20).
- ◆ A case conference is held to discuss the guardian's request to have their child live in an out of home placement.
- ◆ All out of home placement requests must be approved by a supervisor/manager as per the regional approval process.
- ◆ The FSCD Program and the guardian can propose potential out of home placement options.
- ◆ The guardian makes the final decision regarding which of the out of home placement options available best meets the needs of their family and child.
- ◆ An Individualized Family Support Plan (IFSP) – Out of Home must be completed.
- ◆ The Individualized Family Support Plan (IFSP) - Out of Home (see Appendix A-21 and 22) outlines the plan the guardians will follow to facilitate the child's return to the family home.
- ◆ The guardian's signature on the IFSP acknowledges and accepts their responsibilities while their child lives in an out of home placement.

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- ◆ The guardian is responsible to monitor the child's safety and supervision while the child lives in the out of home placement.
 - ◆ A new IFSP with updated information must be completed at minimal once a year.
 - ◆ When a child lives in an FSCD Out Of Home Placement the guardian retains all guardianship responsibilities, including:
 - Maintaining regular contact with the child in the out of home placement and in the family home
 - Including the child in family activities
 - Fostering contact between the child and extended family members.
 - Fostering the child's current established friendships
 - Registering for and participating in the child's educational program
 - Addressing ongoing health care needs, including medical, dental, assessments and all appointment scheduling as well as accompanying the child to appointments.
 - Participating in the child's behavioural or specialized services programming
 - Financial responsibilities for:
 - educational costs such as tuitions, books and materials, school transportation, field trips, extracurricular activities and sports registration fees, and
 - personal care items such as grooming and hygiene products; and
 - medical costs including prescription medications, over the counter medication, medical equipment and supplies, health insurance, dental coverage, etc.; and
 - clothing and footwear including uniforms, special event clothing, costumes, replacement items; and
 - recreation including sports, registration fees, equipment, travel and special events costs; and
 - any other cost typically associated with raising a child.

- Monitoring the safety and supervision of their child while the child lives in the out of home placement; including informing the out of home placement of how the guardian will monitor the placement.
 - All decision making regarding their child. Guardians may delegate routine and/or daily decision making to the out of home service provider.
- ◆ Guardians have the right to remove their child from the out of home placement, at anytime.
 - ◆ Guardians must inform the FSCD Program when they remove their child from an out of home placement.

Essential Program Standards

For children residing in an *Out-of-Home Living Arrangement*, there is a completed Out of Home Service Plan (FSCD3562) on file related to the current Agreement.

PROCEDURE

- (1) When a guardian requests their child be supported in an out of home placement, the FSCD worker will:
 - Ensure a Consent to Release Information form has been signed by the guardian;
 - Confirm that the guardian has accessed all other appropriate supports and services to meet their family's and child's needs prior to discussions of out of home placement for the child including:
 - Natural family supports
 - Community programs
 - Other government programs
 - Discuss the following with the guardian:
 - why the current services the family receives are not meeting the family and child's needs; and
 - what services the family would require to support the child to remain living in the family home;

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- Discuss the impact an out of home placement has on:
 - the child's relationship with the family
 - the child's relationship with extended family members
 - maintaining the child's established friendships
 - the child's involvement in their education program
 - the child's involvement in spiritual, cultural, recreation activities
 - the child's medical and dental care
 - the child's transportation needs
 - planning for adult services for the child
 - Outline, clarify and discuss all aspects of the guardian's responsibilities when their child lives in an out of home placement including:
 - Maintaining regular contact with the child in the out of home placement and in the family home
 - Including the child in family activities
 - Fostering contact between the child and extended family members.
 - Fostering the child's current established friendships
 - Registering for and participating in the child's educational program
 - Addressing ongoing health care needs, including medical, dental, assessments and all appointment scheduling as well as accompanying the child to appointments.
 - Participating in the child's behavioural or specialized services programming
 - Financial responsibilities for:
 - ⇐ educational costs such as tuitions, books and materials, school transportation, field trips, extracurricular activities and sports registration fees, and
 - ⇐ personal care items such as grooming and hygiene products; and
 - ⇐ medical costs including prescription medications, over the counter medication, medical equipment and supplies, health insurance, dental coverage, etc.; and

- ◄ clothing and footwear including uniforms, special event clothing, costumes, replacement items; and
 - ◄ recreation including sports, registration fees, equipment, travel and special events costs; and
 - ◄ any other cost typically associated with raising a child.
 - Monitoring the safety and supervision of their child while the child lives in the out of home placement; including informing the out of home placement of how the guardian will monitor the placement.
 - All decision making regarding their child. Guardians may delegate routine and/or daily decision making to the out of home service provider.
 - Confirm that the guardian has made all reasonable attempts to support the child to remain living in the family home full time.
 - Discuss and begin filling out the Out of Home Placement Request form with the guardian;
 - Discuss the guardian's request for an out of home placement with a supervisor/manager and/or seek consultation with others as appropriate;
 - Coordinate a case conference to discuss the guardian's request for an out of home placement for their child with participants as follows:
 - the guardian
 - extended family members
 - others as requested by guardian
 - professionals involved in the child's medical treatment, educational program, rehabilitative care and/or specialized programming
 - others as involved in the care and treatment of the child
 - FSCD worker
 - FSCD supervisor, manager or other FSCD staff as appropriate
 - Record the recommendations of the Case Conference on the Out of Home Placement Request form.
- (2) Discuss the outcome of the case conference and any other relevant information with the supervisor/manager and make a decision regarding the guardian's request for an out of home placement for their child.

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- (3) Complete the supervisor/manager decision portion of the Out of Home Request Form.
 - (4) If the out of home placement request is not approved the FSCD worker will discuss other support and service options with the guardian and advise the guardian of the FSCD Concern Resolution Process.
 - (5) If the request for out of home care is approved by the supervisor/manager as per the regional approval process, the FSCD worker will:
 - Inform the family that the out of home care request has been approved;
 - Discuss the process of accessing an out of home placement, including:
 - all guardian responsibilities;
 - timelines for finding/developing an out of home placement; and
 - private vs. agency placements;
 - length of time the child is expected to be supported in an out of home placement;
 - the guardian responsibility to monitor the safety and supervision of their child while living in an out of home placement; and
 - discuss the Individual Family Support Plan - Out of Home.
 - (6) In exploring out of home placement options the FSCD worker will:
 - discuss with the guardian any out of home placement options that the guardian may know of;
 - discuss with the guardian any out of home placement options that the FSCD Program is aware of; and
 - provide the guardian with the Tip Sheet which provides information on what to look for in an out of home placement (see Tip Sheet, Appendix L).
 - (7) When the guardian identifies a potential out of home placement option the FSCD worker will provide contact information on the placement and assist the guardian to arrange a visit.
 - (8) The FSCD worker will keep the guardian informed regarding the status of placement options.

- (9) The FSCD worker will discuss all placement options with a supervisor/manager on an ongoing basis.
- (10) When the guardian has identified an out of home placement that meets their family and child's needs and the placement has been approved by the FSCD Program, the FSCD worker will complete an Individual Family Support Plan (IFSP) – Out of Home with the guardian.
- (11) A copy of the IFSP – Out of Home is given to the guardian.
- (12) The copy of the IFSP – Out of Home is placed on child's FSCD file.
- (13) The FSCD worker will discuss with the guardian the importance of sharing and discussing the details of the IFSP with their service provider.
- (14) The FSCD worker will discuss with the guardian the importance of ensuring that the out of home placement provider and the guardian have a mutual understanding of all aspects of the guardian's expectations regarding their child's care while living in the out of home placement.
- (15) Funding for the placement is entered in to the child's FSCD Agreement under the FSCDIS Out of Home code.
 - Out of Home code text must document the name of placement, the type of placement and the number of days/weeks or months of out of home care the FSCD Program is funding.
- (16) The guardian coordinates the child's move to the placement with the support of the FSCD worker.
- (17) Guardians have the right to remove their child from the out of home placement at any time therefore the FSCD worker will inform the guardian that if they remove their child from an out of home placement, they must notify the FSCD Program as soon as possible to discuss the circumstances of the child's removal.
- (18) In the event that a guardian removes their child from an out of home placement and chooses not to have their child return to the placement, the FSCD worker will:
 - discuss the circumstances of the child's removal from the out of home placement

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- revisit the out of home placement options previously explored
 - present other service options to the guardian for consideration.

FORMS

- ◆ Family/Child Assessment of needs (FSCD3580)
- ◆ Out of Home Placement Request
- ◆ Individualized Family Support Plan – Out of Home
- ◆ Consent to Release Information (FSCD3592)

FSCDIS

CHILD FOCUSED SERVICES

Out-of-Home Living Arrangements

Host Home Residence

- Assistance with the cost of a host home as the child's primary residence, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Foster Home

- Assistance with the cost of a foster home as the child's primary residence, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Group Home

- Assistance with the cost of a group home as the child's primary residence, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Residential Facility

- Assistance with the cost of a residential facility as the child's primary residence, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Travel To/From Out of Home Placement

Regulation

- 4 (1) (o) if care is provided to a child in a residence under clause (n), the cost of transportation at \$0.12 for each kilometre or if public transport is the only possible means of travel, the cost of the most cost-effective and appropriate means of public transport
- (i) for the child and one adult to accompany the child to and from the guardian's home to the residence,
 - (ii) for the guardian to visit the child in the residence, and
 - (iii) for the child to visit the guardian in the guardian's home.

INTENT

- ♦ Travel to and from an out of home placement is intended to facilitate the relationships between the family and child when the child resides out of home and transportation costs or access to transportation are a barrier.

POLICY

- ♦ When the family requires assistance with the costs of mileage or assistance with the cost of public transportation where no other travel options are available, accessible or appropriate, the FSCD Program may assist with the cost of mileage or public transportation:
 - to and from the child's out of home living arrangement
 - when the child is returning home for a visit with his/her family
 - when the child is returning to his/her out of home living residence after a visit at the family home
 - for guardian to visit their child at the out of home living residence.

PROCEDURE

- (1) The FSCD worker may provide funds, through an FSCD Agreement or amendment, to cover the costs of transportation to and from the child's out of home residence, by the most economical means available, as per the visitation schedule outlined in the Individual Family Support Plan – Out of Home.
- (2) The guardians complete a Statement of Expenses form with applicable receipts attached to receive reimbursement.

FORMS

- ◆ Family/Child Assessment of needs (FSCD3580)
- ◆ Statement of Expenses (FSCD1845)
- ◆ Out of Home Placement Request
- ◆ Individual Family Support Plan – Out of Home

FSCDIS

CHILD FOCUSED SERVICES

Out-of-Home Living Arrangements

Mileage to Facilitate Visits

- Assistance with the cost of mileage for family visits when a child's primary residence is out-of-home, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).

Public Transportation to Facilitate Visits

- Assistance with the cost of public transportation (other than the parent's private vehicle) for family visits when a child's primary residence is out-of-home, not to exceed \$ (rate) per (unit) per (quantity). For the period (start date) to (end date).



Section 11: TRANSITION PLANNING

Transition Planning

INTENT

- ◆ A proactive, coordinated and integrated approach to transition planning in partnership with families ensures that child/youth and their families are prepared for transitions and that transitions are as seamless as possible with minimal disruption to the family.
- ◆ Families receive the information they need to plan and make informed choices regarding their child's/youth's future.
- ◆ Parents identify the nature and level of support that they require during transitions, including the transition to adulthood.
- ◆ The FSCD Program recognizes that all children/youth and their families go through changes and transitions, and that for children with disabilities and their families the transitions may be more complex or require more proactive planning.
- ◆ Transition planning is a highly individualized process, based on the child's unique needs and the families' preferences and choices in planning for their child's/youth's future.
- ◆ The FSCD Program recognizes that there may be a need for transition planning during key changes or events in a child's/youth's life not exclusive to the transition to adulthood.
- ◆ Examples of key transition times or events may include when:
 - a child is first diagnosed or a disability is identified
 - a child's condition changes or new diagnoses are received
 - a child returns home from the hospital
 - the family composition changes (i.e. the birth of a child, marital status changes, relative comes to live with the family, etc.)
 - a child starts a pre-school or school program
 - a child goes from kindergarten into grade one or enters junior or senior high school

- a child changes schools or child care providers
- ages are associated with key developmental milestones and those milestones are or not achieved
- a child enters adolescence
- a child approaches age 18 years marking a transition to adult supports and services, post-secondary, vocational or other opportunities in the community
- a family moves which may also involve a change of schools for the child
- there is a death in the family.

POLICY

- ◆ Where a key change or event for a child/youth and their family is anticipated and identified, the FSCD worker and parent discuss the impact that the change or event may have and the information, services and planning required to support the child/youth and family.

PROCEDURE

- (1) The FSCD worker and parent discuss the change or event and identify the transitional supports and services required.
- (2) The FSCD worker provides information and referral for relevant government or community programs and services, resource information, and advocacy supports based on the parents needs and as requested by parents.
- (3) The FSCD worker and parent discuss any required changes to the Individualized Family Support Plan (FSCD3593) and FSCD agreement and complete a reassessment of needs where there is a significant change in the child's and family's needs (refer to "Family/Child Assessment/Reassessment of Needs" section).
- (4) Where coordination and integration of supports and services across service systems is required, the FSCD worker, with the parent's consent, may coordinate a transitional support team meeting to bring together the parent and relevant professionals or other persons who are

knowledgeable about the child's/youth's and family's needs to discuss transition planning.

Transition to Adulthood

POLICY

- ◆ The FSCD Program will discuss and initiate transition planning in collaboration with the parent when a child with a disability is 16 years old or sooner if appropriate.
- ◆ Transition planning is discussed prior to the child's 16th birthday if a reassessment of needs occurs less than a year prior to the child turning 16 (for example, when the child is 15 years old and will be turning 16 during the agreement period). Transition planning will also be discussed prior to the child's 16th birthday if requested by the parent.
- ◆ The FSCD worker will document on file the date that transition planning was discussed with the family.
- ◆ If the family decides that they do not want to consider or need assistance with transition planning, the FSCD worker will document the parent's decision on file.
- ◆ Transition planning will be incorporated into the IFSP.
- ◆ The IFSP including transition planning activities will be reviewed within a year. The IFSP will be reviewed again six months prior to a youth's 18th birthday.

Essential Program Standards

For youth 16 years of age or older, there is evidence on file that the FSCD worker has discussed transition planning with the family.

PROCEDURE

- (1) The FSCD worker initiates a discussion with the parent regarding transition planning for adulthood prior to the child's 16th birthday.
- (2) The FSCD worker together with the parent and youth (with the parent's consent) discuss the transition to adulthood and the supports and services required to facilitate the transition.

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- (3) The FSCD worker documents on file the date that transition planning was discussed with the family.
 - (4) The FSCD worker provides information and referral for relevant government or community programs and services, resource information, and advocacy supports based on the parents needs and as requested by parents.
 - (5) Where coordination and integration of supports and services across service systems is required, the FSCD worker, with the parent's consent, may coordinate a transitional support team meeting to bring together the parent and relevant professionals or other persons who are knowledgeable about the child's/youth's and family's needs to discuss transition planning.
 - (6) The FSCD worker reviews the plan, in accordance with identified target dates or at least once per year and six months prior to the youth turning 18 years of age.

FORMS

- ♦ Individualized Family Support Plan (FSCD3593)



Section 12: CONCERNS RESOLUTION

Concerns Resolution

INTENT

- ◆ Persons affected by a decision of the Family Support for Children with Disabilities (FSCD) program or who have a concern regarding the FSCD Program have the right to express their concern and to expect that there is an effective system to hear and resolve their concern.
- ◆ Concerns are taken seriously and will influence the review and continuous improvement of service delivery practices.
- ◆ Concerns resolution policies and procedures are an integral part of overall quality assurance.
- ◆ Neither a guardian nor others assisting them to resolve their concern will be subject to reprisals as a result of voicing a concern.

POLICY

- ◆ Guardians may voice a concern verbally or in writing to their FSCD worker or other FSCD Program staff.
- ◆ The process for expressing and resolving concerns must be transparent to guardians and other stakeholders.
 - Information about concerns resolution and the options available to address concerns are provided to all guardians on an ongoing basis.
 - Guardians will be advised of the concerns resolution options available to them when a formal decision is made.
- ◆ The FSCD worker will ensure that the guardian is fully aware of all of their concerns resolution options, including:
 - discussing their concern with their FSCD worker, supervisor or manager;
 - requesting a Review of FSCD Program Decision;
 - accessing mediation; or
 - initiating an appeal.

- ◆ The FSCD worker will assist the guardian in the process of initiating and seeking resolution to their concerns.
- ◆ Concerns will be heard and addressed in a consistent, fair and timely manner.
- ◆ All of the concerns resolution options will be available to a guardian and do not need to be accessed sequentially or individually as a prerequisite to access another of the concerns resolution options.
 - Access to a Review of FSCD Program Decision or mediation will not limit or prevent access to an appeal.
- ◆ Every attempt will be made to ensure that a guardian has the information they require in order to have their concern resolved in a format they understand.
- ◆ Guardians have the right to support or advocacy in voicing their concerns through any or all of the concerns resolution options.
- ◆ The FSCD worker must consult with their supervisor regarding a guardian's concerns.
- ◆ All reasonable attempts will be made to resolve a concern as soon as possible and, where possible, without the need for the guardian to access more formal concerns resolution options including mediation or appeal.
- ◆ The FSCD supervisor will support the FSCD worker to:
 - clarify the guardian's concern;
 - identify additional information that may be required to clarify the concern;
 - determine if there is a need to consult with an FSCD specialist, the Multi-Disciplinary Team (MDT) Coordinator (or the MDT where applicable), a manager or other relevant persons;
 - consider options for resolution; and
 - identify next steps in working with the guardian to resolve the concern; or
 - where the concern is with a decision that has already been made, re-examine the decision-making process or if there is a need to reconsider that decision.
- ◆ The FSCD supervisor will contact the guardian and, if unable to resolve the following concerns over the telephone, meet with the guardian to discuss:
 - a service that was previously provided, is no longer being provided;

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- a service being significantly reduced from the previous agreement;
 - the child no longer being eligible for the FSCD Program; or
 - the FSCD Agreement being terminated.

PROCEDURE

- (3) When a guardian voices a concern, the FSCD worker will:
 - clarify the concern and/or issues from the guardian's point of view and document same on the child's FSCD file;
 - gather information as required to respond to the concern in a timely manner;
 - consult with a supervisor and other appropriate person(s) as determined to be necessary and appropriate to assist identifying potential options for resolution;
 - make all reasonable attempts to resolve the concern.
- (4) Where applicable, the FSCD supervisor will contact and/or meet with the guardian to discuss and resolve their concern.
- (5) If after all reasonable attempts to resolve a concern, a resolution satisfactory to the guardian is not achieved, the FSCD worker will:
 - explain the other concerns resolutions options;
 - ensure the guardian understands their options as well as the timelines to submit a Notice of Appeal;
 - provide the relevant Review of FSCD Program Decision and Notice of Appeal forms;
 - explain how to complete and submit the forms and assist the guardian with the documentation where required; and
 - refer the guardian to the Appeal Secretariat for more information about the appeal process.

Review of an FSCD Program Decision

The Review of an FSCD Program Decision is one of the concerns resolution options available to a guardian. It is intended to provide an opportunity to have a decision made by the FSCD Program reviewed by FSCD managers who were not part of the decision-making process.

The Review of an FSCD Program Decision is not a regulated process as are the mediation and appeal processes. It is an internal administrative review process that is identified in policy.

POLICY

- ◆ The Request for Review of an FSCD Program Decision form (FSCD3561) (see Appendix A-26) must be submitted to the FSCD office where the child's file is held.
- ◆ The Review of an FSCD Program Decision must be completed by at least one program manager who was not involved in the original program decision, and one other uninvolved manager, manager's designate or FSCD specialist.
- ◆ The reviewers will consider the decision-making process and information considered in making the decision as well as any additional information provided to them by the guardians, relevant professionals and FSCD staff.
- ◆ Arrangements will be made for the review so the guardian is able to participate in person where possible or by telephone or video-conference if necessary.
 - Guardians may also submit their information by e-mail where applicable.
- ◆ The Review of an FSCD Program Decision must be completed within fifteen (15) calendar days of receiving a Request for Review of an FSCD Program Decision Form.
- ◆ The reviewers can make a decision to uphold, reverse or vary the FSCD Program decision.

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- ◆ The outcome of the review (completed Review of an FSCD Program Decision form (FSCD3561-2) (see Appendix A-27) must be provided to the guardian within ten (10) calendar days of the review date.
 - ◆ The 45 calendar day time limit for submission of a Notice of Appeal is not suspended when a guardian requests a Review of a FSCD Program Decision.
 - ◆ The FSCD worker must advise the guardian of the timeline for submission of a Notice of Appeal.

PROCEDURE

- (1) When a guardian disagrees with a decision, the FSCD worker advises them of the Review of the FSCD Program Decision as one of their concerns resolution options.
- (2) The FSCD worker provides the guardian a Request for Review of an FSCD Decision Form (FSCD3561) and assists the guardian to complete the form if required.
- (3) Upon receipt of a completed Request for Review of an FSCD Decision Form, the FSCD worker advises their supervisor / manager of the request. The Request for Review of an FSCD Decision Form is placed on the child's FSCD file.
- (4) The manager or designate arranges for two reviewers to complete the review. The reviewers can be managers, manager's designates or FSCD specialists from within region, the collaboration area, or if required, from another collaboration area.
- (5) Arrangements are made for the guardian's participation in the review.
- (6) The outcome of the review is documented on a Review of FSCD Program Decision Form (FSCD3561-2) and placed on the child's FSCD file.
- (7) The FSCD worker advises the guardian of the outcome of the review and provides the guardian a copy of the Review of FSCD Program Decision form.
- (8) The FSCD worker takes action as required based on the review decision.

FORMS

- ♦ Request for Review of an FSCD Decision Form (FSCD3561)
- ♦ Review of FSCD Program Decision Form (FSCD3561-2)

Mediation

Act

Mediation

6 (1) The director and a guardian may enter into mediation with respect to any decision made by the director under this Act.

(2) No action may be brought against a person who conducts a mediation under this section for any act done or omitted to be done with respect to the mediation unless it is proved that the person acted maliciously and without reasonable and probable cause.

- ◆ Mediation is one of the concerns resolution options available to a guardian.
- ◆ Mediation is intended to provide an opportunity to resolve a guardian's concern or disagreement with a decision in a collaborative and non-adversarial way.
- ◆ Mediation involves the use of a neutral and objective third party (referred to as a Mediator) who assists the guardian and FSCD worker or other FSCD staff to reach a mutually satisfactory resolution.
- ◆ Mediation stresses communication and creative problem solving.
- ◆ The mediator does not make decisions.

POLICY

- ◆ Mediation is a voluntary process.
- ◆ The guardian may request mediation with respect to any decision made under the *FSCD Act* or Regulation.
- ◆ Arrangements will be made so guardian is able to participate in mediation in person.
 - Where necessary telephone or video-conference participation may be considered.

- ◆ If the guardian **has submitted** a Notice of Appeal (CS3579) (see Appendix A) regarding the decision that they are requesting mediation on, the **scheduling of the appeal hearing** will be placed on hold pending the conclusion or abandonment of mediation.
- ◆ If guardian **has not submitted** a Notice of Appeal, the 45 calendar day time limit for submission of a Notice of Appeal is suspended until the conclusion or abandonment of mediation.
- ◆ The 45 calendar day time limit for submission of a Notice of Appeal resumes the day after the conclusion or abandonment of mediation – the 45 days does not begin anew.
- ◆ The FSCD worker or other FSCD designate will participate in mediation with the guardian.
- ◆ The FSCD worker or other FSCD designate will make all reasonable efforts to arrive at an agreeable resolution through mediation.
- ◆ All mediated resolutions must fall within the scope and parameters of the *FSCD Act* and Regulation.

PROCEDURE

- (1) When a guardian disagrees with a decision, the FSCD worker discusses mediation as one of their concerns resolution options.
- (2) The guardian notifies their FSCD worker that they want to access mediation.
- (3) If the guardian **has not submitted** a Notice of Appeal, the FSCD worker:
 - informs the guardian that the 45 calendar day time limit for submitting a Notice of Appeal will be suspended until the conclusion or abandonment of mediation; and
 - advises the Appeal Secretariat that mediation has been requested, so that the 45 calendar day time limit for submitting a Notice of Appeal can be temporarily suspended.

-
- (4) If the guardian **has submitted** a Notice of Appeal, the FSCD worker:
- informs the guardian that scheduling of the appeal hearing will be placed on hold pending the conclusion or abandonment of mediation; and
 - advises the Appeal Secretariat that the guardian has requested mediation so that the Appeal Secretariat can place the scheduling of an appeal hearing on hold until the date mediation is concluded or abandoned.
- (5) The FSCD worker advises their supervisor of the request for mediation.
- (6) The FSCD supervisor contacts their regional Child Intervention Program staff to access a Mediator and coordinate mediation.
- (7) Arrangements are made for the guardian's participation in the mediation.
- (8) The FSCD worker advises the guardian of their right to have an advocate or other support present at the mediation and provides referral for advocacy supports where required.
- (9) The FSCD worker or other designate participates in mediation with the guardian.
- (10) Upon completion of mediation the FSCD worker will:
- advise the Appeal Secretariat of the date that mediation was completed or abandoned;
 - if completed, document the outcome of mediation on contact notes and place the notes on the child's FSCD file and take action as required based on the outcome of mediation; and
 - advise the guardian of the timelines for submitting a Notice of Appeal if they have not already done so.

Appeal

Act

Appeal

7 (1) A guardian may appeal a decision of a director made under section 3(1)(b), 4 or 5(1) to an appeal committee established under section 8.

(2) An appeal under subsection (1) must be commenced by serving a notice of appeal, in the form provided for in the regulations, on the director within 45 days of the date on which the guardian has been notified of the decision that is the subject of the appeal.

(3) A director must, within 10 days of receiving a notice under subsection (2), deliver it to a chair of an appeal committee.

(4) Despite subsection (2), if the director and the guardian have entered into mediation pursuant to section 6, the time for commencing an appeal is suspended until the conclusion or abandonment of the mediation.

Appeal committee

8 (1) The Minister may establish one or more appeal committees each consisting of not fewer than 3 nor more than 7 persons appointed by the Minister.

(2) A member of an appeal committee may be appointed for a term of not more than 3 years and for not more than 2 consecutive terms.

(3) The Minister may

- (a)** designate the chair, vice-chair and secretary of an appeal committee,
- (b)** prescribe the number of members of an appeal committee that constitutes a quorum, and
- (c)** authorize and provide for the payment of the remuneration and expenses of the members of an appeal committee.

Decision-making criteria

8.1 When making a decision under this Act an appeal committee must consider the criteria for making a decision provided for in the regulations.

2004 c6 s6

Appeal committee powers

9 (1) The *Administrative Procedures Act* applies to the proceedings of an appeal committee.

(2) An appellant may be represented at a hearing of an appeal by a lawyer or by any other person.

(3) An appeal committee

(a) may confirm, vary or rescind the decision of the director under appeal, and

(b) must notify the appellant and the director, in writing, of its decision.

- ◆ The appeal process is intended to provide an opportunity for guardians to have an FSCD decision reviewed by an independent committee separate from the FSCD Program.
- ◆ The FSCD Appeal Committee is appointed by the Minister as an "arms length" body from the FSCD Program to ensure an objective appeal process.
- ◆ The FSCD Appeal Committee is bound by the *FSCD Act* and the Regulations.
- ◆ Under Section 7 and 9 of the *FSCD Act*, the FSCD Appeal Committee may confirm, reverse or vary a decision regarding eligibility for the FSCD Program, services, or the cancellation of an agreement.
- ◆ The FSCD Appeal Committee notifies each party of its decision in a written summary.

POLICY

- ◆ A guardian may appeal any decision made under the authority of the *FSCD Act* or Regulation including decisions about eligibility for the FSCD Program, the provision of an FSCD service, or cancellation of an FSCD Agreement.
- ◆ The FSCD worker will support the guardian in initiating and accessing the appeal process.

- ◆ The FSCD worker will provide general information about appeal and refer the guardian to the Appeal Secretariat for additional information about the appeal process.
 - The FSCD worker will continue to work with the guardian to resolve their concern prior to the appeal hearing.
- ◆ A guardian has 45 calendar days from the date of the written notification of a decision in which to submit a Notice of Appeal Form (CS3579) (see Appendix A) (see Advising Guardian of Decisions, Section 8).
- ◆ The completed Notice of Appeal Form must be returned to the FSCD office from which it was issued.
- ◆ The FSCD worker has 10 working days from the date a completed Notice of Appeal Form is received to forward the Notice of Appeal to the Appeal Secretariat.
- ◆ If a guardian requests mediation after a Notice of Appeal has been submitted, the FSCD worker must inform the Appeal Secretariat that the guardian has requested mediation.
 - The scheduling of the Appeal hearing will be put on hold until mediation has been completed or is abandoned.
- ◆ When a concern is resolved to the guardian's satisfaction, the guardian may withdraw their Notice of Appeal.
 - The guardian must advise the Appeal Secretariat if they choose to withdraw their appeal.
- ◆ Other agreed upon FSCD services will continue to be provided while a guardian is appealing a decision.
- ◆ If the guardian has legal representation for the appeal, the FSCD supervisor or manager will contact Family Law to discuss the need to have a lawyer assigned to represent the FSCD Program.

PROCEDURE

- (1) The guardian submits a completed Notice of Appeal form (CS3579) to their FSCD worker / local FSCD office.

-
- (2) The Notice of Appeal is date stamped indicating the date it was received.
 - (3) The FSCD worker advises their supervisor/manager of the Notice of Appeal.
 - (4) The FSCD worker forwards the Notice of Appeal to the Appeal Secretariat within ten (10) working days of its receipt.
 - (5) The Appeal Secretariat will schedule an appeal hearing and contact the guardian and FSCD worker to advise of the date and time for the hearing.
 - (6) The FSCD worker provides the guardian with general information about the appeal process and refers the guardian to the Appeal Secretariat and their website for additional information about the appeal process.
 - (7) The FSCD worker advises the guardian of their right to have an advocate or other support present at the appeal hearing and provides information and referral for advocacy supports where required.
 - (8) The regional FSCD Program will consult with Family Law regarding the issue of appeal, possible jurisdictional issues and other relevant legislation concerns.
 - (9) The FSCD worker notifies the FSCD Supervisor or Manager as to whether guardians will have legal representation at the appeal.
 - Family Law may assign a lawyer to represent the at appeal hearings where appropriate.
 - If a lawyer is required, the FSCD worker provides all relevant documents to the lawyer as soon as possible.
 - (10) If the guardian requests mediation after a Notice of Appeal has been submitted, the FSCD worker advises the Appeal Secretariat.
 - If the issue of concern is resolved through Mediation, **the guardian** must inform the Appeal Secretariat as to whether they are withdrawing their appeal.
 - If mediation is abandoned, the FSCD worker informs the Appeal Secretariat of the date that the guardian advised of the decision not to proceed with mediation.

- (11) The FSCD worker submits their appeal submission information to the Appeal Secretariat. (Do not submit original documents to the Appeal Secretariat.) See Appeal Guidelines on the HS website under Appeals.
- (12) The FSCD worker or other FSCD designate attends the appeal hearing.
- (13) The FSCD worker advises the guardian that if they are not satisfied with the decision of the FSCD Appeal Committee, they may choose to contact a lawyer to inquire about further legal remedies.

FORMS

- ♦ Notice of Appeal (CS3579)

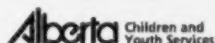
Section 13: APPENDICES

Appendix A: Forms

Number	New Number	Title	Page
CS0056	FSCD0056	Application for Dental Treatment Assistance	A-3
CS3595	FSCD3595	Call Log - FSCD Program	A-4
CS3592	FSCD3592	Consent to Release Information.....	A-5
CS0072H	FSCD0072	Contact Notes	A-6
CS1621C	FSCD1621	FSCD Agreement	A-10
CS0466	FSCD0466	FSCD Amendment Agreement	A-12
CS3593	FSCD3593	Individualized Family Support Plan	A-13
CS2019	FSCD2019	FSCDIS Intake	A-15
CS3579	CS3579	Notice of Appeal	A-17
		Out of Home Placement Request	A-19
		Individualized Family Support Plan – Out of Home.....	A-21
CSA0003G	FSCD0003	Record of Services Provided.....	A-23
CS3574	CS3574	Reimbursement for Clothing and Footwear Items.....	A-25
CS3561	FSCD3561	Request for Review of a FSCD Program Decision	A-26
CS3561-2	FSCD3561-2	Review of Family Support for Children with Disabilities Program Decision	A-27
CS0467	FSCD0467	Service Provider's Program Plan – FSCD.....	A-28
CS1845	FSCD1845	Statement of Expenses	A-29
CS3594	FSCD3594	Verification of On/Off Reserve Status For Funding Purposes	A-31
		Medical Benefits Request	A-32
		FSCD Medical Benefits Significant Financial Hardship	A-36
		FSCD Medical Benefits Significant Financial Hardship Example	A-37

Number	New Number	Title	Page
		Exceptional Consideration Authorization.....	A-38
		Specialized Services Documentation – FSCD Worker Checklist	A-39
		Specialized Services Documentation – Parent Checklist	A-40
		Specialized Services – MDT Coversheet	A-41
		Specialized Services – Multi-Disciplinary Team Recommendations.....	A-42
		Specialized Services – Parent Feedback	A-43
	FSCD3597	FSCD Application	A-44
		Specialized Services: Record of Key Decision Points	A-45
		Sample Decision Letter	A-46
CS3580	FSCD3580	Family/Child Assessment of Needs, Part I	A-49
	FSCD3601	Family/Child Assessment of Needs, Part II	A-53
	FSCD3602	Family/Child Assessment of Needs, Part III	A-60
	FSCD3604	Review of Assessed Needs	A-64
	FSCD3593	Individualized Family Support Plan	A-66
		RAN Sample Cover Letter	A-67
		FCAON Part I Sample Cover Letter	A-69

FSCD0056 Application for Dental Treatment Assistance



Application for Dental Treatment Assistance

Family Support for Children with Disabilities Program

The information you provide on this form is collected under the authority of the Family Support for Children with Disabilities Act and will be used to establish the dental treatment needs of the child. This information may be shared with other jurisdictions to assist you in accessing other required services but will not be released without your prior approval. If you have any questions about the collection of this information, you may contact your FSCD worker.

NOTICE TO DENTIST AND APPLICANT:

The parent/legal guardian is responsible for the cost of all dental services until an Agreement has been approved by the Director of the Family Support for Children with Disabilities Program.

Dental Treatment services in accordance with the Agreement between the Alberta Dental Association and Alberta Children and Youth Services is hereby recommended for:

Name of Child: _____ Date of Birth: _____

PART 1

To be Completed by Physician

Diagnosis of the child's disability: _____

Name of Child's Physician (please print)

Signature of Child's Physician

Address

Phone Number

Date (yyyy/mm/dd)

PART II

To be Completed by Dentist

NOTICE TO DENTIST:

The Family Support for Children with Disabilities Program is authorized to provide dental treatment only related directly to the child's disability.

Proposed Treatment Plan: _____

Comments _____

Name of Child's Dentist (please print)

Signature of Child's Dentist

Address

Phone Number

Date (yyyy/mm/dd)

PART III

Consent to Treatment by Parent or Guardian

Name of Parent/Legal Guardian

Address

Phone Number

consents to the Proposed Treatment Plan outlined in Part II, and consents to the release of the information contained in Parts I and II to the FSCD worker and to the Dental Review Panel.

Date: _____ Signature: _____

Parent/Legal Guardian

Alberta Health Care Number: _____ Does applicant have Dental Insurance? ☐ Yes ☐ No

If yes, Name of Company _____ Group No. _____

Name of Company _____ Group No. _____

FSCD 0056 (Rev. 2008/04) (Previously CS 0056)

File Section 4

FSCD3595 Call Log - FSCD Program[illegible]

FSCD3592 Consent to Release Information

[illegible]

FSCD0072 Contact Notes

[illegible]

FSCD0072 Contact Notes, page 2

[illegible]

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FSCD1621 FSCD Agreement

Alberta Children and Youth Services **Family Support for Children with Disabilities Agreement**
Family Support for Children with Disabilities Program

IN RESPECT of the child
Child's Name: last name first middle Initials: Date of Birth: MM/DD/YYYY

who resides at: Address: City: Province: Postal Code: Phone: () - / -

AND IN ACCORDANCE WITH the Family Support for Children with Disabilities Act, THIS AGREEMENT IS MADE BETWEEN the signatories (collectively "the Guardian")

Guardian's Name and Address: Name please (s):
Address please (s):
City please (s):
Province please (s):
Postal Code please (s):
Phone please (s):

and the Director or authorized delegate (collectively "the Director").
The Guardian and the Director agree as follows:

1. The Director will provide the following:
 - (a) all costs normally associated with providing respite care for the child;
 - (b) securing Alberta Health Care Insurance and any other insurance plans or benefits available to the Guardian, including dental benefits;
 - (c) hiring, employing and supervising any service providers needed to assist in caring for the child and complying with all relevant employment standards and Canada Revenue Agency requirements.
2. The Guardian is responsible for:
 - (a) all costs normally associated with providing respite care for the child;
 - (b) securing Alberta Health Care Insurance and any other insurance plans or benefits available to the Guardian, including dental benefits;
 - (c) hiring, employing and supervising any service providers needed to assist in caring for the child and complying with all relevant employment standards and Canada Revenue Agency requirements.

FSCD 1621 (Rev. 2004/07) (previously C372712)

FSCD1621 FSCD Agreement, page 2

10) When litigation may result from the child's disabilities, the Guardian agrees to notify the Director of any legal action planned or commenced, including settlement discussions and the filing of court documents. The Director may then advise that the plans of future services for the child, which would have been payable under any future Family Support for Children with Disabilities Agreements, are revised and subject to the legal action.

11) If as a result of the child's disabilities, the Guardian or the child has already received damages or compensation from any source, including a legal action, prior to signing this Agreement, the Guardian agrees to inform the Director of the amounts and the nature of the damages or compensation received.

12) Where compensation or damages as a result of the child's disabilities are received by the Guardian or the child during the term of this Agreement, the Guardian agrees to reimburse this Agreement so that any amounts currently paid for under this Agreement for which the family or the child received damages or compensation are no longer funded by the Ministry of Children and Youth Services.

(Please insert a copy when the child is maintained financially by the Director.)

13) The Guardian acknowledges that where the Director is paying for the maintenance of the child who lives in a residence other than the Guardian's residence, the Canada Child Tax Benefit will not be paid to the Guardian.

14) The Guardian agrees to spend the funds provided under this Agreement solely in accordance with the terms of this Agreement, and the Guardian understands and agrees that the Guardian is responsible for paying for any services provided to the child that exceed the costs as agreed to by the Director under this Agreement.

15) The Guardian understands that the release of funds, or the giving of titles, including or transmittal information in order to obtain services from the Director may result in a civil action or criminal charges.

16) The Guardian understands that the Guardian has the right to appeal to the Family Support for Children with Disabilities Appeal Committee a decision of the Director regarding the provision of services under this Agreement or termination of this Agreement, within 45 days of being notified of the Director's decision.

17) This Agreement is effective from _____ to _____ unless terminated by the Director or by the Guardian.

18) This Agreement replaces previous handwritten Children's Services Agreements made under the Child Welfare Act and previous Family Support for Children with Disabilities Agreements and Amendment to Agreements, if any, signed by the Guardian and a Director regarding the child.

19) This Agreement or any of its terms may be amended or varied in writing with the consent of both the Guardian and the Director.

Agreed to and signed by:

_____	_____
Guardian	Date (signature)
_____	_____
Guardian	Date (signature)
_____	_____
Director's Designee	Date (signature)

Form of FSCD-1621	Version	Agreement No.
-------------------	---------	---------------

FSCD 1621 (Rev. 10/04/07) (Previously CDS1702)

FSCD0466 FSCD Amendment Agreement

Alberta Children and Youth Services **Family Support for Children with Disabilities Amendment Agreement**
Family Support for Children with Disabilities Program

Guardian's Name and Address _____

Phone (area no) _____
Home phone no _____
Work phone no _____

Page 1 of 1

IN RESPECT of the child _____
Child's Name (last name) _____

and in accordance with the Family Support for Children with Disabilities Act, this Amendment Agreement is made between the legal guardian (called the "guardian") and the Director or authorized delegate (called the "Director").

The guardian and the Director agree to the terms of this Amendment Agreement as follows:

1. All terms and conditions outlined in the Family Support for Children with Disabilities Agreement shall continue to be in effect except as amended in this Amendment Agreement.
2. This amendment is effective from _____ to _____.

Agreed to and signed by:

Guardian _____ (area no) _____ (date of birth) _____
Director _____ (area no) _____ (date of birth) _____
Director or authorized delegate _____ (area no) _____ (date of birth) _____

Please note: this document is personally identifiable

FSCD3593 Individualized Family Support Plan

Government
of Alberta

Individualized Family Support Plan

Family Support for Children with Disabilities (FSCD)

Child(ren)'s Name(s) Last	First	Initial	Start Date of Support Plan (month/year)	End Date of Support Plan (month/year)

Based on the information gathered during this assessment identify the top three issues/concerns that the family encounters as a result of their child(ren)'s extraordinary care needs (as per the "Building Family Capacity Document").

Step 1:

Extraordinary care the child(ren) require(s) that is:
 1. How does the extraordinary care impact the family? 2. What supports that may be available/developed to help the family? 3. What supports that may be available/developed to help the family?

Step 2:

According to family needs, prioritize the issues, concerns or potential strategies to Step 1.

Step 3:

Develop goals that focus on family issues/concerns that have been determined to be a priority in Step 2.

Goal	Tools	Person Responsible	Timeline	Anticipated type of achievement

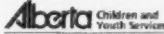
Signature of Guardian	Date (month/year)	Signature of FSCD Worker	Date (month/year)
-----------------------	-------------------	--------------------------	-------------------

FSCD3593 (04/01/07)

Page 1 of 1

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FSCD2019 Intake Application (FSCDIS)

		Intake Application Family Support for Children with Disabilities Program	
The information you provide on this form is collected under the authority of the Family Support for Children with Disabilities Act and will be used to establish the needs of the child. This information may be shared with other jurisdictions to assist you in accessing other required services but will not be released without your prior approval. If you have any questions about the collection of this information, you may contact your Family Support for Children with Disabilities (FSCD) worker.			
Initial Contact Date (yyyy/mm/dd)	Date of Intake (yyyy/mm/dd)	Child's File #?	
Referral Sources Check the following that apply:			
<input type="checkbox"/> Physician	<input type="checkbox"/> Hospital	<input type="checkbox"/> Agency	<input type="checkbox"/> Early Intervention Program
<input type="checkbox"/> Health Unit	<input type="checkbox"/> School	<input type="checkbox"/> Other	<input type="checkbox"/> Child's Disability Resource Link
<input type="checkbox"/> Other Children and Youth Services Program			
Referral Source Description			
Child's Details Last Name: _____ First Name: _____ Middle Name: _____			
Date of Birth (yyyy/mm/dd)	Gender		
	<input type="checkbox"/> Female <input type="checkbox"/> Male		
Child's Aliases 1. Last Name: _____ First Name: _____ Middle Name: _____ 2. Last Name: _____ First Name: _____ Middle Name: _____ 3. Last Name: _____ First Name: _____ Middle Name: _____			
First Nations Information Aboriginal Type: _____ Registry Number: _____ Band Number: _____ Treaty/Family Number: _____ Living on Reserve: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Child's Address and Phone Address: _____ Home Phone Number: () _____ City: _____ Province: _____ Postal Code: _____ Driving Directions: _____ School Name: _____			
Relationships (Parents/Guardians/Siblings/Others) Relationship to Child: _____ Last Name: _____ First Name: _____ Address: _____ Home Phone Number: () _____ Business Phone Number: () _____ Postal Code: _____ Primary Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Guardian Status: _____ Communication Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Birth (yyyy/mm/dd): _____ Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting Partner <input type="checkbox"/> Other _____ Relationship to Child: _____ Last Name: _____ First Name: _____ Address: _____ Home Phone Number: () _____ Business Phone Number: () _____ Postal Code: _____ Primary Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Guardian Status: _____ Communication Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Birth (yyyy/mm/dd): _____ Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting Partner <input type="checkbox"/> Other _____			
Child's Residence Start Date (yyyy/mm/dd): _____ Type of Care: <input type="checkbox"/> Parent/Guardian Care <input type="checkbox"/> In the Care of Child Welfare (under TGO or PGO status) <input type="checkbox"/> Other (specify below) _____ <input type="checkbox"/> Extended Family (Kinship) Care <input type="checkbox"/> Out-of-Home Living Arrangement			

FSCD 2019 (Rev. 2004/07) (Previously CS2019)

FSCD2019 Intake Application, page 2

Child's Diagnosis	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Guardian identifies a concern <i>Explain</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Health Care professional has identified a condition or impairment indicating disability <i>Explain</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Diagnosis Confirmed
<input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Provided <i>Explain</i>
Primary Diagnosis	
Secondary Diagnosis	
Tertiary Diagnosis	
Description of Condition or Impairment/Disability/Impact on Child's Functional Abilities	
Involvement with FSCD or Other Programs	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous FSCD involvement <i>Explain</i>
Describe involvement with Programs and Services (e.g. Family Enhancement, Child Intervention Services, Early Intervention, Supports for Independence, etc.)	
Decision from Intake/Additional Information	
Needs identified and Services Requested	
Information and/or referral provided and follow-up required	
Home visit required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Completed By	Completion Date (yyyy/mm/dd)
Worksite	Financial Business Unit
Assigned to	

CS3579 Notice of Appeal

– Instructions

Government of Alberta ■
Children and Youth Services

**Notice of Appeal
To the Appeal Committee**

Directions for completing the Family Support for Children with Disabilities (FSCD) Notice of Appeal form.

1. If you are appealing a decision of the director under the *Family Support for Children with Disabilities Act*, please fill out and sign the Notice of Appeal form.

NOTE: You have a maximum of 45 calendar days from the decision date provided in the written correspondence from the Family Support for Children with Disabilities program in which to appeal.

2. Please be as clear as possible about the decision you are appealing. See examples below.
3. Please return the completed form to the Family Support for Children with Disabilities office in your region within the 45 calendar day timeline. You may wish to make a copy for yourself or have your FSCD worker make a copy for you. Your FSCD worker will forward your Notice of Appeal to the Appeal Secretariat within 10 calendar days from the day they receive your completed form.

Examples of decisions that can be appealed

- ◆ Eligibility for the FSCD program
- ◆ Cancellation of my FSCD agreement
- ◆ A decision relating to any of the following FSCD services:
 - counselling
 - clothing and footwear
 - travel for medical or rehabilitation appointments or hospitalization in Alberta
 - mileage
 - parking
 - adult meals
 - child meals
 - accommodations
 - sibling care
 - meals for 2nd person accompanying
 - medical or rehabilitation appointments outside Alberta
 - accommodation
 - adult meals
 - child meals
 - sibling care
 - respite services
 - short term hourly respite
 - 24 hour respite services
 - transportation to/from 24 hour respite services
 - homemaker service
 - domestic child care services
 - aide in day care
 - additional space in a family day home
 - developmental day care
 - aide
 - day care fees
 - child care
 - aide supports
 - personal care support
 - community support
 - behavioural support
 - developmental support aide
 - dental/orthodontic
 - assistance with the cost of prescription drugs
 - prescription formula
 - prescribed diet
 - medical supply
 - specialized services
 - out of home placement
 - travel to/from child's out of home placement

For more information about the FSCD Program, including the Concern Resolutions options, visit www.child.alberta.ca/disabilities and click on "Policy Manual".

CS3579 (2011 June)

Out of Home Placement Request

Government of Alberta ■
Children and Youth Services

Out of Home Placement Request

Family Support for Children with Disabilities

The personal information that you are being asked to provide is collected under the authority of the Family Support for Children with Disabilities Act and Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. Personal information is managed in accordance with the FOIP Act and is only disclosed if it is authorized or required by law. Your personal information will be used to determine eligibility and to provide services to your child and family. If you have any questions about the collection or use of your personal information please contact your Regional FSCD office which can be reached toll free at 310-0000.

Date (yyyy/mm/dd)

Child's Name *last name* *first name* *middle name*

Child's Age Child's D.O.B. (yyyy/mm/dd) Child's FSCD File ID#

Parent/Guardian Name *last name* *first name* *middle name*

Parent/Guardian Name *last name* *first name* *middle name*

Region: FSCD Worker Name:

Describe child's disability:

List chronological history of child's involvement with FSCD and if applicable Child Intervention Services, including intake to FSCD date, agreement dates, placement dates

Reasons for the guardian's request to have the child move to an out of home placement:

Describe the current services being provided by FSCD, other programs and services or natural/community supports available to the family and their use of available supports and services.

What other programs, service or resources have been explored to meet the family's and child's needs in the home?

Out of Home Placement Request, page 2

Comment on why available supports and services are not able to meet the family's needs:																
List attachments supporting request: medical etc.																
Guardian Signature verifying above information		Date (yyyy/mm/dd)														
Case Conference(s)																
Date (yyyy/mm/dd)		Location														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">In attendance:</th> <th style="text-align: left; padding: 2px;">Occupation or relationship to child</th> </tr> <tr> <th style="text-align: left; padding: 2px;">Name</th> <th style="text-align: left; padding: 2px;">last name</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </tbody> </table>			In attendance:	Occupation or relationship to child	Name	last name										
In attendance:	Occupation or relationship to child															
Name	last name															
Recommendations																
<input type="checkbox"/> Request withdrawn by Guardian																
Supervisor/Manager Decision																
<input type="checkbox"/> Request approved - coordinate an out of home placement with the guardian <input type="checkbox"/> Request denied - explore other supports and services to address needs in the family home																
Comments:																
<table style="width: 100%;"> <tr> <td style="width: 40%; text-align: center; border-top: 1px solid black;">Supervisor/Manager Name</td> <td style="width: 30%; text-align: center; border-top: 1px solid black;">Supervisor/Manager Signature</td> <td style="width: 30%; text-align: center; border-top: 1px solid black;">Date (yyyy/mm/dd)</td> </tr> </table>			Supervisor/Manager Name	Supervisor/Manager Signature	Date (yyyy/mm/dd)											
Supervisor/Manager Name	Supervisor/Manager Signature	Date (yyyy/mm/dd)														

Individualized Family Support Plan – Out of Home

Government of Alberta
Children and Youth Services

Individualized Family Support Plan – Out of Home

Family Support for Children with Disabilities

The personal information that you are being asked to provide is collected under the authority of the Family Support for Children with Disabilities Act and Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. Personal information is managed in accordance with the FOIP Act and is only disclosed if it is authorized or required by law. Your personal information will be used to determine eligibility and to provide services to your child and family. If you have any questions about the collection or use of your personal information please contact your Regional FSCD office which can be reached toll free at 310-0000.

Child's Name			Date (yy/mm/dd)
last name	first name	middle name	
Child's Age	Child's D.O.B. (yy/mm/dd)	Child's FSCD File ID#	
Parent/Guardian Name			
last name	first name	middle name	
Parent/Guardian Name			
last name	first name	middle name	
Region		FSCD Worker Name	
<input type="checkbox"/> Host Home <input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home <input type="checkbox"/> Residential <input type="checkbox"/> Other:			
Out of Home Placement Contact Name			Contact Telephone Number
Out of Home Placement Contact Address			Postal Code

Guardians maintain all of their guardianship responsibilities, including decision-making and typical costs for raising a child, while their child is living in an out of home placement and are responsible to monitor the care their child receives in the out of home placement.

GUARDIAN RESPONSIBILITIES

Typical costs for raising their child, including:

- all clothing (including replacement items, special events, costumes or uniforms)
- grooming hygiene and personal care products
- recreation fees (including registration, equipment, travel)
- spending money
- Costs associated with prescription medications, over the counter medications, medical equipment and supplies, health insurance and dental coverage
- Costs associated with tuition, books, materials, transportation, field trips, extracurricular activities, school sports
- Costs associated with social, recreational, cultural or spiritual activities

Medical Care:

- follow up on prescribed medical and dental treatment
- schedule and accompany their child to medical appointments or make arrangements with the service provider to take the child on their behalf
- make all medical and dental decisions for their child

Education:

- enrol and support their child in an appropriate educational program, as directed by the Alberta School Act
- make decisions regarding the child's educational program or extra-curricular activities associated with the child's education program
- participate in school activities as required

Social, Recreational, Cultural or Spiritual Activities:

- provide opportunities for their child to participate
- make decisions about the activities that their child participates in within and outside of the out of home placement
- supervise and participate in activities as required

Friends, family and other contacts:

- make decisions about who their child associates with and frequency and method of contact
- decisions about usage of internet and other electronic communication

Monitor the care their child receives in the out of home placement:

- discuss emergency contacts, medical needs and prescription use, day to day and emergency decision making, daily routines such as bedtimes, feeding schedules, personal care needs and the child's activities with their out of home service provider
- visit the out of home placement to ensure satisfaction with accommodations and care being provided
- maintain regular contact with the out of home service provider

Individualized Family Support Plan – Out of Home, page 2

Home Visit and Family Contact Arrangements: <small>Guardians are expected to have ongoing contact with their child, including visits of the child's placement and the child visiting the family home.</small>							
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Personal Visit</td> <td style="width: 50%;">Frequency (day/week/month)</td> </tr> <tr> <td>Telephone Call</td> <td>Contact Time (approximate)</td> </tr> </table>	Personal Visit	Frequency (day/week/month)	Telephone Call	Contact Time (approximate)			
Personal Visit	Frequency (day/week/month)						
Telephone Call	Contact Time (approximate)						
Will the guardian contact the child by email? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Will the guardian contact the child by other? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<small>The child will return to the family home a minimum of _____ times a _____ (week/month).</small> <small>Identify when the child will return to the family home for seasonal, cultural, spiritual and other celebration activities acknowledged by the family, below:</small>							
Event	Date	Length of Home Visit					
Comments:							

PLAN FOR TRANSITIONING THE CHILD HOME			
First Out of Home Placement: <small>The guardian agrees to the following in order to facilitate the child's return to the family home full time.</small>			
Strategy, Activity, Action	Persons Responsible	Time Line	Expected Outcome
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Continued Out of Home Placement: <small>Review strategies, activities, and actions from last IFSP - Out of Home plan. Comment on outcomes.</small>	
Strategy, Activity, Action	Outcome achieved in the previous review period
1.	
2.	
3.	
4.	
5.	

Identify any barriers that impede the child's return to the family home full time.

Detail strategies, activities, and actions to facilitate the child's transition to the family home, addressing all barriers identified above.

Strategy/Activity/Action	Person Responsible	Time Line	Expected Outcome

I am in agreement with the Out of Home Individualized Family Support Plan for _____ child's name _____ for _____ (yyyy/mm/yy) to _____ (yyyy/mm/yy)		
Parent/Guardian Name	Parent/Guardian Signature	Date (yyyy/mm/yy)
Parent/Guardian Name	Parent/Guardian Signature	Date (yyyy/mm/yy)
FSCD Worker Name	FSCD Worker Signature	Date (yyyy/mm/yy)
Date of next review (yyyy/mm/yy)		

FSCD0003 Record of Services Provided[illegible]

FSCD0003 Record of Services Provided – Instructions

How to fill in this Form

To ensure prompt reimbursement for Services,
please follow these instructions carefully.

If you have hired more than one private individual to provide services for your child, a separate form must be completed for each individual. A separate form is not required if the person you have hired provides more than one type of service for your child/family.

Fill in the month and year that this form is being completed for. You do not need to wait until the end of the month before submitting this form. More than one form can be submitted for a month if you require reimbursement on a weekly or bimonthly basis.

1. Child's Information

Fill in the child's name and File ID number. The child's File ID # is found on their FSCD agreement.

The following two sections may be filled out by the parent or the privately hired individual.

2. Privately Hired Individual's Information

Fill in the privately hired individual's name, phone number, address and postal code. Please check "yes" when the service provider is a 16-17 year old or, if approved by FSCD, a relative to the child.

3. Type of Service and Hours / Days Worked

- Under Date please fill in the day of the week and the day of the month (i.e. Mon. Nov. 3).
- Start and End times
 - for hourly services, the start and end time reflect when the privately hired individual provided the service.
 - for 24 hour respite, indicate on one line the date and start time of the 24 hour respite and on the next line the date and the end time of the 24 hour respite.
 - if a service is paid monthly please fill in the daily start and end times for the service.
- Fill in the total number of hours / days under the appropriate type of service.
 - If two types of service are provided on the same day complete two separate lines.
 - For 24 hour respite indicate the number of days on the same line that the end time is recorded.
- At the bottom of the column for each service, enter the total hours / days for each service.
- Enter the wage per hour / per day / per week or per month for each service that was paid to the privately hired individual (i.e. respite may be \$10.00 per hour, 24 hour relief may be \$80.00 per day or domestic care \$1,200.00 per month).
- In the bottom row, multiply the wage by the total hours / days the service was provided to obtain the total cost of each service provided.

The Parent / Guardian and the Privately Hired Individual MUST read and sign this form prior to submitting for reimbursement.

Parents / Guardians are responsible to ensure that the total hours / days of service used and the amount paid to the private individual they have hired to provide these services does not exceed the services and costs set out in their child's FSCD agreement.

The parent / guardian is responsible to pay the privately hired individual directly and will be reimbursed as per their child's FSCD agreement. FSCD will not provide direct payment to privately hired individuals.

The parent / guardian and the privately hired individual should each keep a copy of this form. Attach the office copy to the Statement of Expenses (FSCD 1845) form and submit to the Family Support for Children with Disabilities Office for reimbursement.

Alberta Children's Services

Family Support for Children with Disabilities Program

Please attach this form to your Statement of Expense form with the accompanying receipt.

Child's Name	Last Name	First Name	Middle Name	Child's File ID #
--------------	-----------	------------	-------------	-------------------

Agreement Line Number (yyyy-mm-dd)	FSCD Worker's Name
From To	

[illegible]


Total cost for all items submitted on receipts:
\$

Parent/Guardian Signature _____

(Date of Purchase (yyyy/mm/dd))

C53574 (Page 20 of 27)

FSCD3561 Request for Review of a FSCD Program Decision



Children and
Youth Services

Request for Review of a Family Support for
Children with Disabilities Program Decision
Family Support for Children with Disabilities Program

1 My name is _____ My phone number is _____

My work number is _____ My cellular number is _____

My address is _____

2 **Directions for requesting a Review:**

1. Fill out the Request (see below) and sign this form.
2. Give the top three copies of this form to your assigned Family Support for Children with Disabilities worker. Make sure you give the worker this form within 30 days of the date when you were told about the decision. At least two senior staff will review the decision and notify you in writing of the results within 15 working days of receiving this request.
3. After the reviewers inform you of the results of their review, you have the option of proceeding through a mediation or appeal process. If you require any additional information about either process please contact your Family Support for Children with Disabilities worker.

3 **Request for a Review**

I have been affected by the decision of the Family Support for Children with Disabilities program.

I was told about the decision on _____

The decision was about _____

The decision that I want to have reviewed is _____

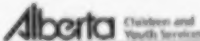
The reason I want the decision reviewed is: _____

Signature of the Requesting Parent _____ Date (yyyy-mm-dd) _____

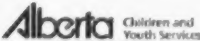
Request received by _____	Child's File ID # _____	Date (yyyy-mm-dd) _____	Worksite Number _____	Worksite Name _____
---------------------------	-------------------------	-------------------------	-----------------------	---------------------

FSCD 3561 (2004/07) (prev. ed. C2359) _____ Worksite File _____ Parent/Guardian _____ Review Committee _____ File Section 5

FSCD3561-2 Review of FSCD Program Decision

	Review of Family Support for Children with Disabilities Program Decision Family Support for Children with Disabilities Program	
Review of Family Support for Children with Disabilities Program's Decision		
The following individuals reviewed the decision of the Family Support for Children with Disabilities program.		
name	role	region
name	role	region
 Results of review:		
<input type="checkbox"/> the request for review is withdrawn. <input type="checkbox"/> the decision is upheld. <input type="checkbox"/> the decision is reversed.		
<input type="checkbox"/> the decision is varied as follows:		
Rationale (considerations and recommendations): _____		
Signature of Reviewer	date (yyyy-mm-dd)	
Signature of Reviewer	date (yyyy-mm-dd)	
FSCD 3561-2 (2004/07) (formerly CSD3561-2) _____ Worksheet File _____ Parent/Guardian File Section 5		

FSCD0467 Service Provider's Program Plan – FSCD



Children and Youth Services

Service Provider's Program Plan

Family Support for Children with Disabilities Program

☐ **Initial** _____
date (yyyy/mm/dd)

☐ **Review** _____
date (yyyy/mm/dd)

Name of child		Child's FSA ID#
Name of program or school attended		Birthdate (yyyy/mm/dd)
Region responsible		School grade
Name of Aide		
Name of service provider or program coordinator for Aide		
Name of supervisor for Aide		
Identify the child's strengths and areas of need.		

Outline the Program Plan to be followed by the Aide. Identify **GOALS, STRATEGIES TO ACHIEVE GOALS, OUTCOMES** and **TIMELINES**. Identify all resource persons and their role in assisting the child.

Goals	Strategies to Achieve Goals	Person Responsible	Timelines	Outcomes

Date services of Aide to Commence <small>(yyyy/mm/dd)</small>	Approximate number of hours worked per week by Aide	Scheduled for review <small>(yyyy/mm/dd)</small>
--	---	---

Outline expectation of and involvement of parents in the program.

Other important details:

Signature of Aide	Date (yyyy/mm/dd)	Signature of Parent	Date (yyyy/mm/dd)
-------------------	-------------------	---------------------	-------------------

FSCD 0467 (2004/07) (previously CS0467)

Page 1 of 1

File Section 3

Appendix A-29


FSCD1845 Statement of Expenses – Instructions

Instructions

- Press hard and PRINT CLEARLY
- Use a separate form for each child you claim and each month being claimed
- Ensure you complete vendor number (if known), and ALL areas in Section 1 including your child's name, file ID number, and date of birth
- Failure to complete all areas in Section 1 may result in your payment being delayed
- Submit the white and pink copies of your claim with original receipts to the appropriate worksite in a timely manner
- Retain the green copy for your records
- The expenses claimed for a child must be in accordance with a signed agreement between yourself and the CFSA

**For your added convenience ask your
Family Support for Children with Disabilities Worker about Direct Deposit**

FSCD3594 Verification of On/Off Reserve Status For Funding Purposes

 Verification of ON/OFF Reserve Status - For Funding Purposes <small>Family Support for Children with Disabilities Program</small>		
Child's Name	last name	first name
File Open Date (yyyy/mm/dd)	Child's Registered Indian Number	
Name of the parent, guardian or extended family member caring for the child at the time the file was opened?		
last name	first name	middle name
last name	first name	middle name
Question 1		
1. At the time the file was opened, was either parent, guardian or the caregiver looking after the child residing on a reserve? (Note: If the child is residing on a reserve in the territories, the answer is "No") <input type="checkbox"/> Yes <input type="checkbox"/> No		
1a. If yes, on which reserve were they residing?		
Question 2		
2. At the time the file was opened, was either parent, guardian or the caregiver looking after the child away from the reserve to obtain care in a care facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2a. Supporting Information: If yes, check appropriate type of facility:		
<input type="checkbox"/> special care home	<input type="checkbox"/> foster home	<input type="checkbox"/> hospital
<input type="checkbox"/> group home	<input type="checkbox"/> institution	<input type="checkbox"/> alcohol / drug treatment centre
<input type="checkbox"/> women's shelter	<input type="checkbox"/> other (specify):	
2b. Name of care facility:		
2c. Supporting Information:		
2d. On which reserve did they ordinarily reside?		
Question 3		
3. At the time the file was opened, was either parent, guardian or the caregiver looking after the child away from the reserve primarily to access a social service because there was no appropriate comparable service on the reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3a. Supporting Information: If yes, which social service(s) did the parent, guardian or extended family member access?		
<input type="checkbox"/> Child Care Services	<input type="checkbox"/> AISH (Assured Income for the Severely Handicapped)	<input type="checkbox"/> Women's Emergency Shelters
<input type="checkbox"/> Child and Youth Intervention Services	<input type="checkbox"/> PDD (Persons with Developmental Disabilities)	<input type="checkbox"/> Employment Support Services
3b. Supporting Information:		
3c. On which reserve did they ordinarily reside?		
Question 4		
4. At the time the file was opened, was either parent, guardian or the caregiver looking after the child away from the reserve to access post-secondary education or a training program and was this person: <input type="checkbox"/> Yes <input type="checkbox"/> No		
i) ordinarily a resident on-reserve immediately preceding his or her enrollment in a post-secondary education or training,		
ii) in active full-time attendance in a post-secondary education or training program, and		
iii) receiving financial support from the Government of Canada or from an Indian Band or Indian organization for such education or training, and		
iv) maintaining, or was a member of an Indian family who was maintaining a home on a reserve?		
4a. Supporting Information: Which secondary education or training program did the parent, guardian or extended family member access?		
4b. On which reserve did they ordinarily reside?		
Decision of FSCD Worker		
If you answered "yes" to any question, the child is on-reserve. If you answered "no" to all four questions, the child is off-reserve.		
On reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of FSCD Worker (please PRINT)	Signature of FSCD Worker	date (yyyy/mm/dd)
Child's ID #	Worksite Number	Worksite Phone Number
Decision of Designated Verification Contact		
On reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Contact's Name (please PRINT)	Contact's Signature	date (yyyy/mm/dd)
phone number		
Indian and Northern Affairs Canada Confirmation		
Name of Representative (please PRINT)	Signature of Representative	date (yyyy/mm/dd)

FSCD 3594 (Rev. 2006/02) (previously C35694)

File Section 8

Medical Benefits Request Form

FAMILY SUPPORT FOR CHILDREN WITH DISABILITIES MEDICAL BENEFITS REQUEST FORM		For use by Region _____ Request # _____																																																																
Please complete all information, including rationale to support all of the criteria for the provision of a Medical Benefit as per the FSCD Regulation and attach supporting documentation		For Department Use Only: Regional Authority _____ Date _____ <input type="checkbox"/> SUPPLY <input type="checkbox"/> PRESCRIPTION DRUG <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/> Recommended with Changes to Request <input type="checkbox"/> Recommending Some of the Requested Benefits <input type="checkbox"/> Request for Medical Benefit Withdrawn <input type="checkbox"/> Insufficient Information to Make Recommendation																																																																
Significant Financial Hardship as per Regulation has been determined <input type="checkbox"/> yes Date: _____																																																																		
Significant Financial Hardship Determination Form is attached <input type="checkbox"/> yes																																																																		
FSCD Worker's Name:	Region:	Regional Review by: (name)																																																																
Date Sent to FSCD Program:																																																																		
Name of Child:	Child File ID#	Child's Date of Birth (mm/dd/year):																																																																
Diagnosis Information: 1. Primary Diagnosis: (as per FSCDIS) _____ 2. Secondary Diagnosis: (as per FSCDIS) _____ 3. Tertiary Diagnosis: (as per FSCDIS) _____ Provide a brief description of the child's disability or health condition and their circumstances as they relate to this medical benefit request: _____																																																																		
Medical Benefit(s) Requested																																																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Medical Benefit (attach detailed list or other supporting documents)</th> <th style="width: 10%;">Quantity (month)</th> <th style="width: 10%;">Cost (month)</th> <th style="width: 20%;">Total Cost</th> </tr> </thead> <tbody> <tr> <td colspan="4">List Medical Supply(s)</td> </tr> <tr><td> </td><td> </td><td>\$</td><td>\$</td></tr> <tr><td> </td><td> </td><td>\$</td><td>\$</td></tr> <tr><td> </td><td> </td><td>\$</td><td>\$</td></tr> <tr><td> </td><td> </td><td>\$</td><td>\$</td></tr> <tr><td> </td><td> </td><td>\$</td><td>\$</td></tr> <tr> <td colspan="4">List Drug(s) Prescribed by a Physician</td> </tr> <tr><td> </td><td> </td><td>\$</td><td>\$</td></tr> <tr><td> </td><td> </td><td>\$</td><td>\$</td></tr> <tr><td> </td><td> </td><td>\$</td><td>\$</td></tr> <tr><td> </td><td> </td><td>\$</td><td>\$</td></tr> <tr><td> </td><td> </td><td>\$</td><td>\$</td></tr> <tr><td> </td><td> </td><td>\$</td><td>\$</td></tr> <tr> <td colspan="3" style="text-align: right;">Total Cost of Medical Benefit(s)</td> <td>\$</td> </tr> <tr> <td colspan="3" style="text-align: right;">TOTAL COST requested from FSCD as per calculation from Significant Financial Hardship Calculation Form STEP 5</td> <td>\$</td> </tr> </tbody> </table>	Medical Benefit (attach detailed list or other supporting documents)	Quantity (month)	Cost (month)	Total Cost	List Medical Supply(s)						\$	\$			\$	\$			\$	\$			\$	\$			\$	\$	List Drug(s) Prescribed by a Physician						\$	\$			\$	\$			\$	\$			\$	\$			\$	\$			\$	\$	Total Cost of Medical Benefit(s)			\$	TOTAL COST requested from FSCD as per calculation from Significant Financial Hardship Calculation Form STEP 5			\$		
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Medical Benefits Request form, page 3

4 (1) (k) (iv) Confirm that the medical benefit(s) available in Alberta and if a drug, that the drug is available for sale and distribution in Canada.

Additional information relevant to request:

Follow-up by Provincial FSCD Program Area

Medical Benefit request (does/does not) meet all of the criteria in the FSCD Regulation.

Date of Recommendation:

Start date will commence at CEO signoff.

FSCD Supervisor/Manager Comments

Medical Benefits Request form, page 4

CEO Decision 1	
• Support provincial recommendation	Yes <input type="checkbox"/> No <input type="checkbox"/>
• For the following period	From _____ to _____ <div style="text-align: center; font-size: small;">(Month/year) (Month/year)</div>
NOTE: Start date cannot commence before date of CEO sign-off.	
• CEO Comments	
• CEO Signature _____	Date _____ <div style="text-align: right; font-size: small;">(Month/year)</div>

Change Notification or Follow Up by Region

If a regional decision differs from recommendation, if the family's needs have changed and the medical benefit is no longer required, if the timeframe is extended up to a maximum of twelve months, the quantity required or the cost of the recommended medical benefit changes please contact the Provincial Office, FSCD Branch so that Medical Benefit statistics can be updated.

Medical Benefits Form revised Aug 2008 F30AL locked.doc
Page 4 of 4

FSCD Medical Benefits Significant Financial Hardship Form

FSCD Medical Benefits Significant Financial Hardship Form					
Child's Name:			File ID Number:		
Step 1: Calculate the Annual Family Net Income:					
Enter Line 236 from the Parent/Guardian's T1 Income Tax Return or Notice of Assessment for the prior year:			\$ -	per year	
Enter Line 236 from the second Parent/Guardian's T1 Income Tax Return or Notice of Assessment for the prior year:			\$ -	per year	
Total:			\$ -	per year	(1)
Step 2: Calculate 2% of the Annual Family Net Income:					
(1)	\$ -	X 0.02 =	\$ -	per year	(2)
Step 3: List and calculate the total monthly cost of all medical benefit(s) being requested:					
If requesting for more than one child / benefit, enter the monthly cost of the additional benefit(s) in the spaces provided:					
	\$ -		\$ -	per month	
	\$ -		\$ -	per month	
	\$ -		\$ -	per month	
	\$ -		\$ -	per month	
Total:			\$ -	per month	(3)
Step 4: Enter the number of months that the medical benefit will be requested: Number entered cannot exceed 12:					
	0			month(s)	(4)
Step 5: Calculate the total cost of the medical benefit:					
(3)	\$ -	multiplied by	(4)	0	equals
				\$ -	(5)
Step 6: Calculate the portion of the total cost of the medical benefit exceeding 2% of the Family Net Income:					
(5)	\$ -	minus	(2)	\$ -	equals
				\$ -	(6)
If the result in Step 6 is GREATER THAN ZERO:					
•The total in Step 6 is the maximum amount that may be provided for the requested medical benefit(s).					
If the result in Step 6 is LESS THAN ZERO:					
•The family does not meet financial hardship criteria, and					
•The medical benefit(s) cannot be provided as per the FSCD Regulation.					
Step 7: Calculate the portion of the monthly cost of the medical benefit(s) that exceed 2% of the Annual Family Net Income:					
(6)	N/A	divided by	(4)	0	equals
				N/A	per month (7)
Signature of FSCD Worker			Date Completed		
* Attach the Income Tax Information provided and submit a copy of this form along with the medical benefit request form.					
Medical Benefits Significant Financial Hardship Calculation Form (rev. August 2008)					

FSCD Medical Benefits Significant Financial Hardship Example

FSCD Medical Benefits Significant Financial Hardship Form													
Child's Name:	Paige Turner	File ID Number:	12345										
Step 1: Calculate the Annual Family Net Income: Enter Line 236 from the Parent/Guardian's T1 Income Tax Return or Notice of Assessment for the prior year: <table style="float: right; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px 10px;">\$ 30,000.00</td> <td style="padding: 2px 10px;">per year</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px 10px;">\$ 20,000.00</td> <td style="padding: 2px 10px;">per year</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px 10px;">Total: \$ 50,000.00</td> <td style="padding: 2px 10px;">per year (1)</td> </tr> </table>				\$ 30,000.00	per year	\$ 20,000.00	per year	Total: \$ 50,000.00	per year (1)				
\$ 30,000.00	per year												
\$ 20,000.00	per year												
Total: \$ 50,000.00	per year (1)												
Enter Line 236 from the second Parent/Guardian's T1 Income Tax Return or Notice of Assessment for the prior year: <table style="float: right; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px 10px;">\$ 1,000.00</td> <td style="padding: 2px 10px;">per year (2)</td> </tr> </table>				\$ 1,000.00	per year (2)								
\$ 1,000.00	per year (2)												
Step 2: Calculate 2% of the Annual Family Net Income: (1) \$ 50,000.00 $\times 0.02 =$ <table style="float: right; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px 10px;">\$ 1,000.00</td> <td style="padding: 2px 10px;">per year (2)</td> </tr> </table>				\$ 1,000.00	per year (2)								
\$ 1,000.00	per year (2)												
Step 3: List and calculate the total monthly cost of all medical benefit(s) being requested: If requesting for more than one child / benefit, enter the monthly cost of the additional benefit(s) in the spaces provided: <table style="float: right; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px 10px;">\$ 150.00</td> <td style="padding: 2px 10px;">per month</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px 10px;">\$ -</td> <td style="padding: 2px 10px;">per month</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px 10px;">\$ -</td> <td style="padding: 2px 10px;">per month</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px 10px;">\$ -</td> <td style="padding: 2px 10px;">per month</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px 10px;">Total: \$ 150.00</td> <td style="padding: 2px 10px;">per month (3)</td> </tr> </table>				\$ 150.00	per month	\$ -	per month	\$ -	per month	\$ -	per month	Total: \$ 150.00	per month (3)
\$ 150.00	per month												
\$ -	per month												
\$ -	per month												
\$ -	per month												
Total: \$ 150.00	per month (3)												
Step 4: Enter the number of months that the medical benefit will be requested: Number entered cannot exceed 12: <div style="float: right; border: 1px solid black; padding: 2px 10px; width: 100px; text-align: center;">12</div> <div style="float: right; padding: 2px 10px;">month(s) (4)</div>													
Step 5: Calculate the total cost of the medical benefit: (3) \$ 150.00 multiplied by (4) 12 equals <table style="float: right; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px 10px;">\$ 1,800.00</td> <td style="padding: 2px 10px;">(5)</td> </tr> </table>				\$ 1,800.00	(5)								
\$ 1,800.00	(5)												
Step 6: Calculate the portion of the total cost of the medical benefit exceeding 2% of the Family Net Income: (5) \$ 1,800.00 minus (2) \$ 1,000.00 equals <table style="float: right; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px 10px;">\$ 800.00</td> <td style="padding: 2px 10px;">(6)</td> </tr> </table>				\$ 800.00	(6)								
\$ 800.00	(6)												
If the result in Step 6 is GREATER THAN ZERO: •The total in Step 6 is the maximum amount that may be provided for the requested medical benefit(s).													
If the result in Step 6 is LESS THAN ZERO: •The family does not meet financial hardship criteria, and •The medical benefit(s) cannot be provided as per the FSCD Regulation.													
Step 7: Calculate the portion of the monthly cost of the medical benefit(s) that exceed 2% of the Annual Family Net Income: (6) \$ 800.00 divided by (4) 12 equals <table style="float: right; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px 10px;">\$ 66.67</td> <td style="padding: 2px 10px;">per month (7)</td> </tr> </table>				\$ 66.67	per month (7)								
\$ 66.67	per month (7)												

Signature of FSCD Worker _____

Date Completed _____

* Attach the Income Tax Information provided and submit a copy of this form along with the medical benefit request form.

Exceptional Consideration Authorization

Letter of Understanding for Interim Services between the
Family Support for Children with Disabilities (FSCD) Program and Parent/Guardian
Pending Confirmation of Continued Eligibility for the FSCD Program

Exceptional Consideration Authorization

Child's Name _____

Child's FSCD File ID _____

Region _____ Worker _____

Completed Intake Date _____

☐ up to 5 days back
preceding completed
intake

From _____
Date

To _____
Completed intake Date

☐ up to 30 days
forward from
completed intake

From _____
Completed intake Date

To _____
Date

The following criteria must all be met in order to provide immediate medical management services by
Exceptional Consideration:

- ☐ Eligibility for the program must be determined or there must be sufficient information gathered to determine eligibility on an interim basis pending a more thorough assessment of need;
- ☐ The need is directly related to child's disability;
- ☐ No other resource available to meet the immediate need;
- ☐ Child hospitalized outside of home Regional Health Authority;
- ☐ Inpatient hospital stay of 2 or more consecutive days;
- ☐ Overnight accommodation required; and
- ☐ The need for service(s) is urgent and the family's circumstances are such that it would not be appropriate to wait for the completion of a thorough assessment of need and draft agreement as per the service approval policy.

Parking	Unit	Rate	Effective Dates	to
Mileage	Unit	Rate	Effective Dates	to
Public Transportation	Unit	Rate	Effective Dates	to
Meals	Unit	Rate	Effective Dates	to
Accommodation	Unit	Rate	Effective Dates	to
Sibling Care	Unit	Rate	Effective Dates	to

Rationale for Request _____

Decision ☐ Approved ☐ Not Approved

Rational for Decision _____

FSCD Worker Signature _____ Date _____

Manager/Supervisor Signature _____ Date _____

Parent Signature _____ Date _____

Form Exceptional Consideration Authorization

Specialized Services Documentation – FSCD Worker Checklist

Government of Alberta

Children and Youth Services

Specialized Services Documentation – FSCD Worker Checklist

Family Support for Children with Disabilities

Specialized Services Documentation FSCD Worker Checklist

Child's Name:

Child's File ID #:

Complete applicable forms and gather documentation from the guardian and FSCD file. The following documentation is **REQUIRED FOR ALL REQUESTS** for specialized:

- ☐ Signed Consent Form (allowing the FSCD program to share information with the MDT for the purposes of review and making recommendations to the FSCD program regarding specialized services);
- ☐ MDT Cover Sheet (FSCD worker completes the form);
- ☐ Diagnostic information (from within past 5 years);
- ☐ Relevant medical documentation including supporting information from physicians or other health professionals involved with the child's ongoing care and follow-up (e.g., feeding clinic, hearing and vision test results if available, medication trials, etc.);
- ☐ Assessments or progress reports completed by designated health professionals (under the *Health Professions Act*) (e.g., SLP, OT, PT or Psych);
- ☐ School/PUF IFPs for current period and previous year or 2 years (if this information is on file); and
- ☐ Any additional information/documentation that the guardian(s) would like the MDT to consider.

In addition, for **REQUESTS TO CONTINUE SPECIALIZED** services the following documentation is **also required**:

- ☐ Updated specialized services Individualized Service Plan (ISP) for previous year or 2 years (where applicable);
- ☐ Proposed specialized services ISP for the services being requested for the upcoming service period;
- ☐ Assessment or progress summaries from the health professionals on the specialized services team (e.g., SLP, OT, PT or Psych); and
- ☐ Previous MDT recommendations (where applicable)


FSCD Worker Name and Signature

Date

Supervisor/Team Leader Name and Signature

Date

Specialized Services Documentation – Parent Checklist

Government of Alberta 
Children and Youth Services

Specialized Services Documentation – Parent Checklist

Family Support for Children with Disabilities

Specialized Services Documentation Checklist for Parents

If you are requesting specialized services you will be asked to provide copies of any of the following documents from your child's health professionals, school or the service providers working with your family and child:

Your child's medical information (within the past 5 years):

- ☐ letters or reports about your child's diagnosis;
- ☐ letters or reports from doctors or other health professionals involved with your child's ongoing care (e.g., feeding clinic results, hearing and vision test results, medication trials, etc.); and
- ☐ clinical assessments or progress reports (e.g., speech and language or physical therapy assessments).

Information from your child's school program:

- ☐ your child's current Individualized Program Plans (IPP) as well as the previous year's IPP (where applicable).

If you are **already receiving specialized services and requesting continued services**, the following documentation from your service provider is also required:

- ☐ your updated Individualized Service Plan (ISP) for the current year as well as the ISP from the previous year (where applicable);
- ☐ the proposed ISP for the services being requested; and
- ☐ assessment or progress summaries from the health professionals on your specialized services team.

If necessary, your FSCD worker may ask for clarification or request additional information if the documents you have provided are not clear (e.g., they do not clearly describe your family's needs or provide information that does not seem consistent with the services that you are requesting, etc.).

The personal information that you are being asked to provide is collected under the authority of the Family Support for Children with Disabilities Act and Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. Personal information is managed in accordance with the FOIP Act and is only disclosed if it is authorized or required by law. Your personal information will be used to determine eligibility and to provide services to your child and family. If you have any questions about the collection or use of your personal information please contact your Regional FSCD office which can be reached toll free at 310-0000.

Form Specialized Services Documentation – Parent Checklist (2011 May)

Specialized Services – MDT Coversheet

Government of Alberta Children and Youth Services		Specialized Services – MDT Coversheet Family Support for Children with Disabilities	
		FOR FSCD WORKER USE	
MDT COVER SHEET			
Child's Name: _____ <small>(Last) (First) (Middle)</small>		Date of Birth: _____ <small>(Month) (Day) (Year)</small>	
<input type="checkbox"/> Initial Request for Specialized Services <input type="checkbox"/> Request for Continuation of Specialized Services		Number of Years of Specialized Services: _____	
Briefly summarize (in point form) information relevant to the request for specialized services.			
Are there family circumstances that need to be considered? (e.g., number of children in the home, single parent family, stress, work schedule)			
Why are specialized services being requested? (consider how the child's disability impacts their participation at home and in the community; the level of assistance caregivers must provide to support the child's participation; other supports and services received in meeting the family's needs; and the areas of need (e.g., behavior, communication and socialization skills, etc.))			
What is the family hoping to achieve as a result of having specialized services? (e.g., specific skills and knowledge that the family would like to acquire)			
What supports and services are being requested? (e.g., occupational therapy, arts services, etc., and if applicable, the form of service)			
Particular factors or considerations that the FSCD worker would like the MDT recommendations to address relevant to the need for or nature and level of specialized services and the potential for positive impact (e.g., coordination and integration of services, clarifying areas of need)			
FSCD Worker Name: _____		FSCD Worker Signature: _____	
Date: _____		Date: _____	
<small>Form Specialized Services – MDT (October 2010)</small>		<small>Page 1 of 1</small>	

Specialized Services – Multi-Disciplinary Team Recommendations

Government of Alberta Children and Youth Services		Specialized Services – Multi-Disciplinary Team Recommendations Family Support for Children with Disabilities	
Child's Name: (LAST) (FIRST) (MIDDLE)		Date of Birth: (YYYYMMDD) Child's File ID #:	
Date of MDT: (YYYYMMDD)		Name of MDT Coordinator:	
<input type="checkbox"/> Initial Request for Specialized Services		<input type="checkbox"/> Paper MDT	
<input type="checkbox"/> Request for Continuation of Specialized Services		<input type="checkbox"/> Face to Face or Video/teleconference MDT Guardian(s) Present yes <input type="checkbox"/> no <input type="checkbox"/> Service Provider Present yes <input type="checkbox"/> no <input type="checkbox"/> Others:	
Do you recommend that FSCD specialized services be provided?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
Recommendations with rationale and any comments or conditions relevant to the need for Specialized Services:			
Are the proposed specialized services likely to achieve a positive outcome for the family, address their priorities and support them in promoting their child's participation in activities of normal daily living?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
Recommendations with rationale and any comments or conditions relevant to the nature and level of specialized services required and the potential for a positive impact:			
These MDT Recommendations were developed through consensus by:			
Name	Profession (e.g. SLP, OT, PT OR Psych)	Initial	Date (YYYYMMDD)
Name	Profession (e.g. SLP, OT, PT OR Psych)	Initial	Date (YYYYMMDD)
Name	Profession (e.g. SLP, OT, PT OR Psych)	Initial	Date (YYYYMMDD)

Form Specialized Services – MDT Recommendations (2010 March)

Specialized Services – Parent Feedback

Government of Alberta ■

Children and Youth Services

Specialized Services – Parent Feedback

Family Support for Children with Disabilities

Parent Feedback

The Family Support for Children with Disabilities (FSCD) Program is interested in feedback about your experience in requesting specialized services and the decision making process. The Program is always looking for ways to improve the supports and services we provide - your input will help us to improve the way we work with families.

Your feedback is anonymous – you do not need to provide your name.

Please respond to the following questions:

Was this the first time you requested specialized services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you receive sufficient information about what specialized services are and when they are provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you receive sufficient information about the decision making process for specialized services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you advised of the information and documents you needed to provide?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you attend a Multi-Disciplinary Team (MDT) meeting?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Did you receive the information and support you needed to participate in the MDT meeting?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• If you already had a service provider, were you encouraged to invite your service provider to the MDT meeting?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Did you feel heard and respected through the MDT meeting?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you have a paper review MDT?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Did you receive the support you needed to prepare for the paper review MDT?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Did you receive sufficient information about what would happen at the paper review MDT?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you receive a copy of the MDT recommendations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you receive clear rationale and explanation for the MDT recommendations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the FSCD worker's decision about specialized services clearly explained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you disagreed with the decision did your FSCD worker tell you about your concerns resolution options?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you live in northern or southern Alberta?	<input type="checkbox"/> Red Deer or North <input type="checkbox"/> South of Red Deer

Comments (use back of page if additional space is needed)

Please return your completed feedback form to:

FSCD Program, Alberta Children and Youth Services
11th Floor, 9940-106 Street, Edmonton, Alberta, T5K 2N2

Form Specialized Services – Parent Feedback (2010 December)

FSCD3597 FSCD Application Form

**Government
of Alberta ■**

Application for Family Support for Children with Disabilities

To apply to the Family Support for Children with Disabilities (FSCD) program you must be the child's guardian.
If you are applying for more than one child, please complete and submit a separate application for each child.

The personal information that you are being asked to provide is collected under the authority of the *Family Support for Children with Disabilities Act* and Section 33(c) of the *Freedom of Information and Protection of Privacy (FOIP Act)*. Personal information is managed in accordance with the *FOIP Act* and is only disclosed if it is authorized or required by law. Your personal information will be used to determine eligibility and to provide services to your child and family. If you require assistance completing the form or have any questions about the collection or use of your personal information please contact your Regional FSCD office which can be reached toll free at 310-0000.

CHILD:

Last Name of Child		First	Initial	Other names (alias) child is known by	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (yyyy/mm/dd)
Address			City/Town	Postal Code	Phone Number	

Is your child a Canadian citizen or a permanent resident of Canada? ☐ Yes ☐ No

You will be asked to show a copy of your child's Birth Certificate, Record of Live Birth, Permanent Resident or Citizenship Card, Passport, IMM 5292 Confirmation of Permanent Residency, or IMM 1000 Record of Landing when you meet with an FSCD worker (do not mail these documents).

GUARDIAN(S):

Last Name of Parent/Guardian		First	Other names (alias)	Relationship to child	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (yyyy/mm/dd)
Address (if different from child's)			City/Town	Postal Code	Daytime Phone Number	
Last Name of Parent/Guardian		First	Other names (alias)	Relationship to child	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (yyyy/mm/dd)
Address (if different from child's)			City/Town	Postal Code	Daytime Phone Number	

CHILD'S DISABILITY INFORMATION:

What is your child's diagnosis or condition? (PLEASE ATTACH COPIES OF MEDICAL LETTERS)

Provide any other information you would like to add about your child's disability and how it impacts them in their day to day activities:
(PLEASE USE BACK OF PAGE IF YOU NEED MORE SPACE):

ADDITIONAL INFORMATION:

Have you and/or your child been involved with the FSCD Program in the past? ☐ Yes ☐ No

Is your child First Nations or Métis? ☐ Yes ☐ No

An FSCD worker will contact you to discuss your application at the daytime phone number you have provided.

Name of Guardian	Guardian Signature	Date (yyyy/mm/dd)
Name of Guardian	Guardian Signature	Date (yyyy/mm/dd)

FSCD3597 (2010/11)

Specialized Services: Record of Key Decision Points

Government of Alberta ■ Children and Youth Services		Family Support for Children with Disabilities	
Specialized Services: Record of Key Decision Points			
This form is intended as a tool for FSCD workers to track the dates and outcomes of key decisions relevant to the specialized services decision-making process. This form is used for each request for specialized services (initial or continued) and is kept on the child's file.			
Child Name: <small>Last name</small> _____ <small>First name</small> _____		File ID: _____	
Consultation with Supervisor regarding request for specialized services See policy section 10-05			Date: <i>dd/mm/yy</i>
Comments/follow-up required:			
Decision point #1: Does the information support the request for specialized services? <input type="checkbox"/> Yes <input type="checkbox"/> No (see Decision #4) <input type="checkbox"/> Additional information is required			Date: <i>dd/mm/yy</i>
If additional information/documentation is required, what information and follow-up is needed?			
Upon receipt, does the additional information provided support the request for specialized services? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no see Decision #4)			Date: <i>dd/mm/yy</i>
Where applicable, did you consult with an expert (i.e., single MDT member)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (See policy section 10-06)			Date of Consultation: <i>dd/mm/yy</i>
Decision points #2: Are MDT recommendations required? See policy section 10-06 <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, a decision about providing specialized services must be made within 15 days (see Decision #4)) <input type="checkbox"/> Confirmation that the MDT Coordinator was consulted (See policy section 10-06) <small>The FSCD worker must consult with their supervisor and the MDT Co-ordinator when determining if MDT recommendations are required.</small>			Date: <i>dd/mm/yy</i>
Decision points #3: What type of MDT is required? See policy section 10-06 <input type="checkbox"/> Face to Face MDT <input type="checkbox"/> Paper Review MDT			Date of MDT: <i>dd/mm/yy</i>
Or for non/initial requests only: <input type="checkbox"/> Consider report from Glenrose Rehabilitation Hospital's Preschool Assessment Service (PAS) in Edmonton <input type="checkbox"/> Consider report from the Children's Hospital's Early Childhood Development Team (ECDT) in Calgary			
Decision point #4: Will specialized services be provided? See policy section 10-04 <input type="checkbox"/> Yes <input type="checkbox"/> No (Decision must be made within 15 working days of decision #1, #2 or the date of the MDT)			Date: <i>dd/mm/yy</i>
Comments/follow-up required:			
Decision point #5: Is the Individualized Service Plan (ISP) Satisfactory? See policy section 10-07 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Changes are required			Date: <i>dd/mm/yy</i>
If changes are required, what additional information or modification of the ISP is needed?			
Upon receipt, is the revised ISP satisfactory? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date: <i>dd/mm/yy</i>
If the ISP is not satisfactory please describe what steps will be taken?			
<small>At each decision point the FSCD worker advises and explains the decision to the guardian (verbally and in writing) with in the timelines specified in policy. See policy section 10-09 to 10-16</small>			

2011 June

Sample Decision Letter

Page 1

Government of Alberta

Children and Youth Services

Sample Decision Letter

Date

Name of guardian(s)

Address

RE: Decision regarding *(identify decision)*

Further to our conversation on *(date of meeting or telephone call when guardian was verbally advised of the decision)*, I am writing to confirm that a decision has been made to *(clearly identify the decision that has been made)*.

This decision has been made [based on / for the following reason] *(provide rationale for the decision)*.

Please feel free to contact me if you have any questions, require additional information or would like to further discuss this decision. If you do not agree with the decision please contact me or my supervisor to discuss your concerns. If we are unable to resolve your concerns there are also a number of concerns resolution options available to you, including a Review of a FSCD Program Decision, Mediation and Appeal.

Review of FSCD Program Decision: A Review of FSCD Program Decision involves at least one manager who was not involved in the original decision and another uninvolved manager, manager's designate or FSCD specialist who will review the decision.

- Attached is a Request for a Review of an FSCD Program Decision Form. If you decide to request a Review, please complete this form and return it to our FSCD office.

Mediation: Involves meeting with a mediator, who is an objective third party, and FSCD staff to discuss the decision. The role of the mediator is to assist us to resolve the concerns and arrive at a solution that is agreeable to everyone involved.

- If you would like to participate in mediation, please let me know and I can follow-up to make arrangements.

Appeal: An Appeal involves meeting with a committee, made up of citizens appointed by the Minister of Children and Youth Services, and FSCD staff to discuss the decision. The Appeal Committee will review the decision that has been made and make a decision based on the information you and the FSCD staff provide for their consideration.

- Attached is a Notice of Appeal Form. It is important to note that if you plan to file an appeal, you must submit a completed Notice of Appeal form to our office **within 45 calendar days from the date of this letter.**

.../2

Sample Decision Letter, page 2

Name of guardian(s) _____

Page 2

Addition information about these concerns resolution options can be accessed at
www.child.ab.ca/disabilities.

These concerns resolution options do not need to be accessed in any specific order and choosing one option does not preclude you from choosing another option. Please be assured that I want to work together with your family to address any concerns that you may have and even if you choose to access any of these concerns resolution options, we can continue to work together to try and resolve your concerns through ongoing discussion.

Signature _____

Signature _____

Staff name: _____

Supervisor name: _____

Telephone: _____

Telephone: _____

FSCD3580 Family/Child Assessment of Needs, Part I

Government
of Alberta

Family/Child Assessment of Needs

Family Support for Children with Disabilities

Part I: General Information (Submitted by Guardian)

The personal information that you are being asked to provide is collected under the authority of the *Family Support for Children with Disabilities Act* and Section 33(c) of the *Freedom of Information and Protection of Privacy (FOIP) Act*. Personal information is managed in accordance with the *FOIP Act* and is only disclosed if it is authorized or required by law. Your personal information will be used to determine eligibility and to provide services to your child and family. If you have any questions about the collection or use of your personal information please contact your Regional FSCD office which can be reached toll free at 310-0000.

Please complete and return this Part I of the FSCD Family/Child Assessment of Needs to your FSCD worker.

If you have more than one child with a disability who has an FSCD file, complete one copy of page 1 and 2; complete a separate copy of pages 3 and 4 for each child.

An FSCD worker will meet with you to complete Part II to gather further information, and Part III to develop a support plan for the upcoming year and to determine with your family the FSCD supports and services that are appropriate for your family.

DO NOT FILL IN GREY SPACES (OFFICE USE ONLY)

Worksheet/Unit

Child(ren)'s Name(s): Last First Middle			Date of Birth (yyyy/mm/dd)	Child's File ID #

Family Information

☐ Single Parent Family ☐ 2 parent family ☐ Blended family ☐ Other

Primary Language ☐ English ☐ Other

Primary guardian name

last first middle

Relationship to child

Marital Status

Home Phone

Cell Phone

Work Phone

Address

Employment status of guardian (e.g. full-time, part-time, seasonal) Typical work hours (e.g. Mon-Fri, 8:00 am - 5:00 pm)

Other guardian name

last first middle

Relationship to child

Marital Status

Home Phone

Cell Phone

Work Phone

Address

Employment status of guardian (e.g. full-time, part-time, seasonal) Typical work hours (e.g. Mon-Fri, 8:00 am - 5:00 pm)

Others Living In The Home

Please list anyone living in the home beside parent(s) and child(ren) listed above, e.g. siblings, extended family, step-parents, stepbrothers or stepsisters, foster children, roommates, etc.

Name	Age (if under 16)	Gender	Relationship to child	Resides in home	Explain
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	

FSCD3580 (2011/10)

Page 1 of 4

FSCD3580 Family/Child Assessment of Needs, Part I, page 2

Health Benefit Plans / Insurance Plans			
Please identify any health benefit and insurance plan(s) your family has access to (e.g. Blue Cross insurance/benefits, employee plans, health spending account, Alberta Child Health Benefit, Non-insured Health Benefits) and the amount/type of coverage available to your family under the plan(s).			
Benefits Available		Currently Accessing	Benefit Plan and Amount/Type of Coverage
Prescriptions	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vision care	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dental/Orthodontic	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hearing Aids	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical services and equipment (e.g. extended hospital, braces, orthotics, canes, crutches)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Homecare (sideburning care)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Paramedical services (e.g. PT, counsellors, dietitians, psychologists, chiropractors, speech therapists, naturopathy)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Provincial or Federal Government Programs			
Please complete for any of the following programs being accessed by your family. Note: The FSCD program will not contact the persons or programs you list on this form without obtaining further guardian consent.			
Support	Status (e.g. accessing, application made)	Contact person (if applicable)	Phone
Child Disability Benefit			
Child Care Subsidy			
Child Enhancement Services			
Supports for Permanency			
Retirement			
Aids for Daily Living			
Persons with Developmental Disabilities (PDD)			
Assured Income for the Severely Handicapped (AIS-H)			
Income Support			
Alberta Child Health Benefit			
Alberta Adult Benefits			
Disability Tax Credit			
Funding for First Nations (Non-Insured Health Benefits)			
Other (specify):			

Any Other Associations Being Accessed for Support for Your Child(ren) (e.g. Cerebral Palsy Association)	
Note: The FSCD program will not contact the persons or programs you list on this form without obtaining further guardian consent.	
Name of association	Type of support being provided (Describe)

Information/Resources/Referral Needs	
Information is one of the most commonly expressed needs by parents caring for a child with a disability. Please check if you would like resource information on the following topics:	
Your child's disability or care needs	<input type="checkbox"/>
Managing your child's behaviour and/or implementing strategies to enhance your child's development	<input type="checkbox"/>
Adaptive equipment that may assist your child	<input type="checkbox"/>
Implementing family and household routines and structures that may be helpful for your child	<input type="checkbox"/>
Responsibilities as an employer if hiring caregivers privately	<input type="checkbox"/>
Where to find supports and services that your child and family require	<input type="checkbox"/>
Recreational activities that your child may enjoy	<input type="checkbox"/>
Parent support groups	<input type="checkbox"/>
Parent advisory committee	<input type="checkbox"/>
What do you if you do not agree with an FSCD decision	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>

FSCD3580 Family/Child Assessment of Needs, Part I, page 3

Medical Information		Child's Name:	
Box 1 - Diagnostic Information			
Diagnosis	Date of Diagnosis (month/year)	Name of health professional who provided this diagnosis	Documentation provided to FSCD <input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have there been any changes to your child's health status in the past 12 months?			
Identify all medical treatment, hospitalizations, assessments that have occurred in the past 12 months.			
Please List All Health Care Professionals Involved With Your Child's Care			
Health Care Professional's Name	Discipline (e.g. physician, ophthalmologist, speech pathologist)	Phone	Frequency of Appointments
Identify any significant medical treatment, hospitalization or medical assessments that are anticipated for the next 12 months.			
Child's Current Prescribed Medication			
List medications prescribed for your child related to their disability			
Medication name	Purpose	Over the past 12 months, has it	How has it impacted your child?
		<input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Remained the same	
		<input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Remained the same	
		<input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Remained the same	
		<input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Remained the same	
		<input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Remained the same	
		<input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Remained the same	
		<input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Remained the same	
Additional Health Information You Feel FSCD Needs To Consider			

FSCD3580 (2011/10)

Page 3 of 4

FSCD3580 Family/Child Assessment of Needs, Part I, page 4

Routines and Schedules		Child's Name:
Education Programs Accessed By Your Child		
Name of school or program (Indicate if child is home schooled): _____		
Play/school, PUF, Kindergarten, Grade _____	Days per week _____	Hours per day _____
Transportation _____		
List Any Extraordinary Supports Provided (aids, FM system, etc.): _____		
List any formal assessments that have been completed for educational purposes (e.g. psychological, etc.): _____		
What are your educational goals for your child? _____		
Does your child have a current Individualized Program Plan (IPP) developed by his education program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please: a) Attach a copy to this assessment, or b) Describe the goal areas that are being worked on: _____		
Comments (note school bus issues, school suspensions, child not attending school): _____		
Other programs your child currently attends (e.g. Early Intervention, Headstart, etc.) Indicate number of hours and days per week: _____		
Work-Related Child Care Arrangements		
Type of Child Care Arrangements _____		
Location _____	Days per week _____	Hours per day _____
List any Extraordinary Supports Provided (e.g. aids, special equipment): _____		
Child Care Arrangements for School Holidays _____		
Location _____	Days per week _____	Hours per day _____
List any Extraordinary Supports Provided (e.g. aids, special equipment): _____		
Comments _____		
Child's Strengths		
What activities does your child enjoy? _____		
Describe your child's strengths: _____		
Describe the areas of progress during the past 12 months (e.g. self care, communication): _____		
Family/Child Vision		
It is helpful to have a vision for your child's future. Determining long-term goals for your child will assist you and the FSCD program to work together to help identify strategies and supports needed to help your child reach their potential. As your child changes from year to year, your vision for your child may also change.		
Describe your aspirations and long-term goals for your child: _____		
Guardian Signature		
_____ Signature		_____ Date (yyyy/mm/dd)

FSCD3601 Family/Child Assessment of Needs, Part II

Government
of Alberta

Family/Child Assessment of Needs

Family Support for Children with Disabilities

Part II: Disability Related Care Needs
Worker to Complete with Guardian

This section of the form may be used for three consecutive assessments:

- Enter initial assessment information under "Year 1" of each section, and any updated information under "Year 2" and "Year 3" consecutively;
- For open ended questions, label the information and subsequent updates with the year the information was received (e.g. 2011, 2012).

In order to complete a FSCD Family/Child Assessment of Needs (FCAON), the individual Family Support Plan (FSP), and to determine appropriate FSCD supports, the FSCD worker will:

- Review Part I of the Family/Child Assessment of Needs (FCAON) prior to meeting with the guardian. At this meeting, clarify information as needed.
- For families with more than one child with a disability who has an FSCD file, complete separate copies of the "Assessment", "Background Information", "Child's Care" and "Child's Behavior" sections for each child.
- Discuss relevant family information and the family support network with the guardian and complete the "Family Information" section (one copy per family).

Assessment Information			
Child's Name:		Please indicate if this assessment is	
		<input type="checkbox"/> Initial assessment	
		<input type="checkbox"/> Review	
		<input type="checkbox"/> Reassessment	
<input type="checkbox"/> Confirmation of citizenship documentation by worker			
If reopened or reassessment:			
• Date of last Family/Child Assessment of Need: (yyyy/mm/dd) _____			
• Date of last Review or Assessed Need: (yyyy/mm/dd) _____			
• End date of last consent agreement: (yyyy/mm/dd) _____			
Worker's name	Date of assessment (yyyy/mm/dd)	Assessment start time	Assessment end time
Location of face-to-face meeting			
Indicate individuals present at face to face meeting			
Child present <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, indicate date will meet with child (yyyy/mm/dd) _____			
Location of meeting with child			
If not able to meet with child, please explain			
If not able to meet parent(s) face to face, please explain			

Background Information

Briefly describe significant events that led to your child being diagnosed and your family being referred to the FSCD program. For families that have had a previous assessment, briefly describe any significant events since the last assessment that may impact our understanding of your child's disability? (e.g. new assessments, programs that had an impact, etc.).

FSCD3601 (2011/11)

Page 1 of 7

FSCD3601 Family/Child Assessment of Needs, Part II, page 2

Child's Name: _____

Child's Care

The purpose of this section is to facilitate discussion between a parent and their FSCD worker and to promote a detailed understanding about the level of care the child requires.

The following questions regarding mobility, self-care and social function are adapted from the Pediatric Evaluation of Disability Inventory (PEDI). No portion of this section may be reproduced without the permission of the copyright owners.

1) The Caregiver Assistance Scores indicate how much help a caregiver usually gives the child during ordinary daily activities.
2) The Modifications Scores identify the number of functional activities for which modifications are required. They help identify the degree to which modifications play an important role in the child's functional performance.

MOBILITY DOMAIN		
Does your child require assistance due to limited mobility? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please circle the appropriate score for Caregiver Assistance and Modification for each item.		
	Year	Score
Chair/Toilet Transfers: child's wheelchair, adult-sized chair, adult-sized toilet	1	5 4 3 2 1 0 N C R E
	2	5 4 3 2 1 0 N C R E
	3	5 4 3 2 1 0 N C R E
Car Transfers: mobility within carman, seat belt use, transfers and opening and closing doors	1	5 4 3 2 1 0 N C R E
	2	5 4 3 2 1 0 N C R E
	3	5 4 3 2 1 0 N C R E
Bed Mobility/Transfers: getting in and out and changing positions in child's own bed	1	5 4 3 2 1 0 N C R E
	2	5 4 3 2 1 0 N C R E
	3	5 4 3 2 1 0 N C R E
Tub Transfers: getting in and out of an adult-sized tub	1	5 4 3 2 1 0 N C R E
	2	5 4 3 2 1 0 N C R E
	3	5 4 3 2 1 0 N C R E
Indoor Locomotion: 50 feet (3 - 4 rooms); do not include opening doors or carrying objects	1	5 4 3 2 1 0 N C R E
	2	5 4 3 2 1 0 N C R E
	3	5 4 3 2 1 0 N C R E
Outdoor Locomotion: 150 feet (10 car lengths) on level surfaces; focus on physical ability to move outdoors (do not consider compliance on safety issues such as crossing streets)	1	5 4 3 2 1 0 N C R E
	2	5 4 3 2 1 0 N C R E
	3	5 4 3 2 1 0 N C R E
Stairs: climb and descend a full flight of stairs (12 - 16 steps)	1	5 4 3 2 1 0 N C R E
	2	5 4 3 2 1 0 N C R E
	3	5 4 3 2 1 0 N C R E

Caregiver Scale

5 = Independent Caregiver provides no physical assistance or supervision.

4 = Supervision/Setup Caregiver provides no physical help during the activity, but 4 is needed to fix problem or a safety precaution, or to provide set up assistance with attention, mobility, or transfer equipment.

3 = Moderate Assistance Caregiver provides very little assistance, such as close guarding or occasional support.

2 = Moderate Assistance Caregiver does less than half of the movement or transfer.

1 = Maximal Assistance Caregiver does more than half of the movement or transfer; child provides meaningful resistance.

0 = Total Assistance Caregiver does almost all movement or transfer; child provides no meaningful resistance.

Modifications Scale

0 = No Modifications

1 = Child selected from specialized Modifications (such as step stool, transfer board, etc.)

2 = Specialized Remanufactured Equipment (such as ambulatory aids, sliding board, cushions, canes, walkers, etc.)

3 = Extensive Modifications (such as architectural modifications, lift device, powered or manual wheelchair, etc.)

Comments on child's physical/motor ability:

If modifications are utilized, please describe:

FSCD3601 Family/Child Assessment of Needs, Part II, page 3

Child's Name: _____

SELF CARE DOMAIN

Does your child need assistance with self-care? ☐ Yes ☐ No

If yes, please circle the appropriate score for Caregiver Assistance and Modification for each item.

	Year	Caregiver Scale	Modifications Scale
Eating: eating and drinking regular meals; do not include cutting food, opening containers or serving food from serving dishes.	1	5 4 3 2 1 0	N C R E
	2	5 4 3 2 1 0	N C R E
	3	5 4 3 2 1 0	N C R E
Grooming: brushing teeth, brushing or combing hair and caring for nose	1	5 4 3 2 1 0	N C R E
	2	5 4 3 2 1 0	N C R E
	3	5 4 3 2 1 0	N C R E
Bathing: washing and drying face and hands, taking a bath or shower; do not include getting in and out of a tub or shower, water preparation or washing back or hair	1	5 4 3 2 1 0	N C R E
	2	5 4 3 2 1 0	N C R E
	3	5 4 3 2 1 0	N C R E
Dressing Upper Body: all indoor clothes, not including back fasteners, include help putting on or taking off shirt or artificial limbs; do not include getting clothes from closet or drawers	1	5 4 3 2 1 0	N C R E
	2	5 4 3 2 1 0	N C R E
	3	5 4 3 2 1 0	N C R E
Dressing Lower Body: all indoor clothes, include putting on or taking off pants or artificial limbs; do not include getting clothes from closet or drawers	1	5 4 3 2 1 0	N C R E
	2	5 4 3 2 1 0	N C R E
	3	5 4 3 2 1 0	N C R E

Caregiver Scale

5 = Independent Caregiver provides no physical assistance or supervision
 4 = Supervision/Setup Caregiver provides no physical help during the activity, but it is needed to monitor, provide verbal directions, or set up self-care equipment or materials
 3 = Minimal Assistance Caregiver provides very little assistance, such as occasional assistance or assistance with the completion of an activity
 2 = Moderate Assistance Caregiver does less than half of the activity
 1 = Maximal Assistance Caregiver does more than half of the activity; child provides meaningful assistance
 0 = Total Assistance Caregiver does almost all of the activity; child provides no meaningful assistance

Modifications Scale

N = No Modifications
 C = Child-oriented (non-specialized) Modifications (such as: spill cup, child-sized utensils, deep stool, table used as counter, bath mat, shower chair, etc.)
 R = Specialized Rehabilitation Equipment (such as: adapted utensils, splints, built-up handles, bath tub bench, long-handled sponge, bedpan, urinal, etc.)
 E = Extensive Modifications (such as: wheelchair, custom made clothing, etc.)

	Year	Caregiver Scale	Modifications Scale
Toileting: clothes, toilet management; or external device use; and hygiene; do not include toilet transfers, monitoring schedule or cleaning up after accidents	1	5 4 3 2 1 0	N C R E
	2	5 4 3 2 1 0	N C R E
	3	5 4 3 2 1 0	N C R E
Bladder Management: control of bladder day and night, clean-up after accidents, monitoring schedule	1	5 4 3 2 1 0	N C R E
	2	5 4 3 2 1 0	N C R E
	3	5 4 3 2 1 0	N C R E
Bowel Management: control of bowel day and night, clean-up after accidents, monitoring schedule	1	5 4 3 2 1 0	N C R E
	2	5 4 3 2 1 0	N C R E
	3	5 4 3 2 1 0	N C R E

Caregiver Scale

5 = Independent Caregiver provides no physical assistance or supervision
 4 = Supervision/Setup Caregiver provides no physical help during the activity or accident clean-up, but it is needed to monitor assistance to remind child of need for bathroom use, provide verbal directions, or set up toileting equipment or materials
 3 = Minimal Assistance Caregiver provides only little assistance, such as occasional assistance with the completion of toileting tasks, only occasional accident cleanup is necessary (not to exceed 1-2 events per week)
 2 = Moderate Assistance Caregiver does less than half of the toileting tasks, child more than half of the time successfully uses toilet, potty or external device (not diapers)
 1 = Maximal Assistance Caregiver does more than half of the toileting tasks, child provides meaningful assistance (such as using potty), but child more than half of the time has accidents or uses diapers
 0 = Total Assistance Caregiver does almost all of the toileting tasks and cleanup of accidents; child provides no meaningful assistance

Modifications Scale

N = No Modifications
 C = Child-oriented (non-specialized) Modifications (such as: visual prompts for timing, timing potty, diapers, potty, child-seat for toilet, etc.)
 R = Specialized Rehabilitation Equipment (such as: bedpan, urinal, etc.)
 E = Extensive Modifications (such as: catheter or severity appliances, pharmacologic agents, laxatives or artificial sphincter, etc.)

Comments on child's self-care:

If modifications are utilized, please describe:

FSCD3601 Family/Child Assessment of Needs, Part II, page 4

Child's Name: _____

SOCIAL FUNCTION DOMAIN			
Please circle the appropriate score for Caregiver Assistance and Modifications for each item.			
	Year	Caregiver Scale	Modifications Scale
Functional Comprehension: understanding of requests and instructions	1	5 4 3 2 1 0	N R E
	2	5 4 3 2 1 0	N R E
	3	5 4 3 2 1 0	N R E
Functional Expression: ability to provide information about own activities and make own needs known; include clarity of articulation	1	5 4 3 2 1 0	N R E
	2	5 4 3 2 1 0	N R E
	3	5 4 3 2 1 0	N R E
Caregiver Scale 6 = Independent Caregiver rarely needs to make adjustments or prompt child can understand and/or readily understood by others. 4 = Prompting/Setup Caregiver or other adult may need to give some prompting or cueing when child is communicating with less familiar people, or caregiver may need to re-phrase or rephrase for communication. 3 = Minimal Assistance Caregiver makes occasional adjustments (requests more information about less familiar tasks or provides additional explanations); child understands almost all requests and/or expresses themselves (clearly) almost all of the time; child may initiate difficulties. 2 = Moderate Assistance Caregiver makes frequent adjustments (cues, repetitions, clarifications); child generally can understand one- or two- step requests and/or can speak simple language. 1 = Maximal Assistance Caregiver makes very frequent adjustments to make communication possible (e.g., repetition of requests, repetitions, interpretations of child's communications). 0 = Total Assistance Caregiver makes almost constant adjustments (language simplifications, gestures, interpretation of child's communications) to make communication possible; child has extremely limited communication skills.		Modifications Scale N = No Modifications R = Specified Rehabilitation Equipment (such as hearing aid, or simple communications systems such as eye gaze board or pointing board, etc.) E = Extensive Modifications (such as alternative communications systems such as sign language, computerized communication systems, speech trainer, etc.)	
Joint Problem Solving: include communication of problem and working with caregiver or other adult to find a solution; include only ordinary problems occurring during daily activities (e.g. lost toy, conflict over clothing choices, etc.)	1	5 4 3 2 1 0	N R E
	2	5 4 3 2 1 0	N R E
	3	5 4 3 2 1 0	N R E
Caregiver Scale 6 = Independent Caregiver and child can work cooperatively to solve difficult problems; child effectively initiates and participates in problem solving. 4 = Prompting/Setup Caregiver or other adult may need to give some prompting or cueing when child is problem solving with people other than caregiver. 3 = Minimal Assistance Caregiver occasionally needs to provide direction to solve difficult problems; child can communicate about simple problems and generate solutions almost all of the time. 2 = Moderate Assistance Caregiver must frequently direct problem-solving effort; child can communicate effectively about most simple problems but needs help identifying solutions. 1 = Maximal Assistance Caregiver must very frequently direct child to help identify problems; child can provide information about problem in response to caregiver prompts. 0 = Total Assistance Caregiver must identify and find solutions for almost all problems; child does not effectively communicate problems or participate in solutions.		Modifications Scale N = No Modifications R = Specified Rehabilitation Equipment (such as hearing aid, or simple communications systems such as eye gaze board or pointing board, etc.) E = Extensive Modifications (such as alternative communications systems such as sign language, computerized communication systems, speech trainer, etc.)	
Peer Play: ability to plan and carry out joint activities with a familiar peer	1	5 4 3 2 1 0	N R E
	2	5 4 3 2 1 0	N R E
	3	5 4 3 2 1 0	N R E
Safety: caution in routine daily safety situations, including stairs, sharp or hot objects and traffic	1	5 4 3 2 1 0	N R E
	2	5 4 3 2 1 0	N R E
	3	5 4 3 2 1 0	N R E
Caregiver Scale 6 = Independent Caregiver provides no direction or monitoring under ordinary circumstances; child can routinely initiate and complete activity. 4 = Supervisory Caregiver monitors child's activity to ensure safety/appropriate peer activity and to help deal with unusual circumstances. 3 = Minimal Assistance Caregiver provides very little direction of activity, but may need to occasionally intervene. 2 = Moderate Assistance Caregiver must frequently direct child's participation; child often initiates appropriate activity. 1 = Maximal Assistance Caregiver very frequently must direct child's participation; child can follow adult cues. 0 = Total Assistance Caregiver does almost all of the activity; child rarely participates.		Modifications Scale N = No Modifications R = Specified Rehabilitation Equipment (such as hearing aid, or simple communications systems such as eye gaze board or pointing board, etc.) E = Extensive Modifications (such as alternative communications systems such as sign language, computerized communication systems, speech trainer, etc.)	
Comments on child's communication/social skills: If modifications are utilized, please describe:			

FSCD3601 (2011/11)

Page 4 of 7

FSCD3601 Family/Child Assessment of Needs, Part II, page 5

Child's Name: _____

Child's Behaviour						
<p>Based on the last six months do you have concerns regarding your child's behaviour that:</p> <ul style="list-style-type: none"> • is not typical for most children of a similar age, and • impacts the safety of your child or others, and/or • impacts the child's participation in the activities of normal daily living? <p>Impact: Please indicate the level of impact on a scale of 1 - 4 as follows:</p> <p>4 - Child needs to be monitored more than a typical child of a similar age to assure his safety and/or to be able to partake in some activities.</p> <p>3 - Child needs ongoing support supervision and assistance and pre-planning is required in order for the child to participate in activities.</p> <p>2 - Regardless of pre-planning and support, the child often needs to be removed from activities.</p> <p>1 - Child is unable to partake in many activities of daily living.</p>						
Behaviours Impacting the Child's Participation and Caregiver Demands	YEAR 1		YEAR 2		YEAR 3	
	Impact Level 1-4	Frequency e.g. 2/wk, day	Impact Level 1-4	Frequency e.g. 2/wk, day	Impact Level 1-4	Frequency e.g. 2/wk, day
Temper tantrums						
Behaves inappropriately in public (e.g. says embarrassing things, eats others food, hugging, clings to others, etc.)						
Impulsive/does not think before acting						
Fidgets/difficulty in attending to tasks						
Obsesses/perseverates						
Sneers						
Eating/food issues (refuses to eat, binge eating)						
Disruptive noises (attention seeking, whines, yelling)						
Difficulty getting to sleep						
Frequent night time waking						
Other Behaviours (please describe)						
<p>Comments: Please provide any other pertinent information regarding the behaviour. Describe how long the behaviour has persisted and what strategies have been tried to address the behaviour (e.g. medications, behaviour programs).</p>						
Behaviours Impacting the Safety of Self or Others	YEAR 1		YEAR 2		YEAR 3	
	Impact Level 1-4	Frequency e.g. 2/wk, day	Impact Level 1-4	Frequency e.g. 2/wk, day	Impact Level 1-4	Frequency e.g. 2/wk, day
Aggressive to others physically (hitting, spitting)						
Destructive to property						
Abusive to animals						
Self abusive						
Engages in inappropriate sexual activity						
Runs away whereabouts not known to guardian						
Illegal activities (theft, vandalism, substance abuse)						
<p>Comments: Please provide any other pertinent information regarding the behaviour. Describe how long the behaviour has persisted and what strategies have been tried to address the behaviour (e.g. medications, behaviour programs).</p>						
<p>Describe Any Concerns in the Following Areas:</p> <p>Child's anxiety in unfamiliar situations, sensory issues, ability to adjust to changes in routines, ability to managing conflict/bullying, making and maintaining friends</p>						
<p>Decision Point (to be completed by FSCD worker):</p> <p>Recommend that the family/child are eligible for the FSCD Program (see Policy Section 5). <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, provide rationale:</p>						
<p>If no: 1) Proceed to Part III "Summary of FSCD Support" 2) Provide Guardian with relevant information 3) Refer guardian to other supports and services as appropriate</p>						

FSCD3601 (2011/11) Page 5 of 7

DECEMBER 2011

Appendix A-57

FSCD3601 Family/Child Assessment of Needs, Part II, page 7

Child's Name: _____

Community or Recreational Activities: *an individual's involvement in various forms of activity may provide a break from the routine, provide possible support for parent(s) and children and create a healthy balance between work and personal fulfillment. By understanding your family's involvement in activities the FSCD worker may be able to help your family connect to activities that may be appropriate for your child(ren), supportive to you as parents and siblings or to assist in supports that may make your child's participation possible.*

Consider:

- Parent(s) recreational or participation in activities in the community, church, disability support groups, etc.
- Activities siblings are involved in
- Activities that the family do together
- Challenges the family have encountered in pursuing activities due to the child(ren)'s disability

Natural Support: Family, Friends

Family resiliency is often closely related to the support a family has from others. Families may find it difficult to discuss their child's disability with others and to ask for help when needed. FSCD may be able to strategize with a family to find ways of increasing support to your family from others. List others who support your family/child by providing care or showing a genuine interest in your child's well-being, i.e. older siblings, aunts, uncles, grandparents, friends, neighbours.

Relationship to child	Comments (e.g. type of support: emotional, physical)

Discuss the potential for individuals that currently have a relationship with your child(ren) to continue to be a part of a network of support for your child(ren) as they grow older. Discuss any barriers that others may experience in developing a long lasting relationship with your child(ren).

Employment/Education/Training: *Your child(ren)'s exceptional care needs may have an effect on you or your partner's employment and/or the requirements of your employment may impact the support you require to provide the exceptional care your child needs.*

Consider:

- Hours of work/training
- Career choices: type of employment/training
- Employment requirements (out of town, shift work, overtime)
- Employment flexibility and employer support

Other Comments

Consider: *any other concerns (e.g. meeting basic needs: shelter, food, etc.), or any significant changes in the family circumstances that impact the care of the child(ren) (e.g. death, separations, illness).*

FSCD3601 (2011/11) Page 7 of 7

FSCD3602 Family/Child Assessment of Needs, Part III

Government of Alberta	Family/Child Assessment of Needs <small>Family Support for Children with Disabilities</small>
Part III: Support and Service Planning (Completed by FSCD Worker with Guardian)	
1) Complete pages one through four with the guardian: develop a single individualized Family Support Plan (IFSP) for the family. 2) For families with more than one child with a disability who has an FSCD file, complete separate copies of pages 3 and 4 for each child.	
Summary Information	
Over the past year, what strategies/supports worked well to assist your family to meet the extraordinary care your child(ren) require?	
If applicable, identify strategies/supports that were tried over the past 12 months but were not helpful.	
Are the supports and services that you require available in your community? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	
Review of Previous Individual Family Support Plan (IFSP) (For Reassessment Only)	
Overall, have the Goals on the previous IFSP been: <input type="checkbox"/> met <input type="checkbox"/> partially met <input type="checkbox"/> not met	
Comments:	
FSCD Supports and Services (Complete For Reassessment Only)	
Did your family access services included in your previous FSCD agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If no, please explain (e.g. services not required, not available, etc.)	
How have the supports/services your family received been helpful?	
Do you have any suggestions/feedback regarding how FSCD can work more effectively with your family? Consider: •Referrals to other services and resources. •Coordinating FSCD services with other programs and services. •Working in partnership with your family in making decisions regarding services and supports.	
<small>FSCD3602 (2011/11)</small>	<small>Page 1 of 4</small>

FSCD3602 Family/Child Assessment of Needs, Part III, page 2

Government
of Alberta

Individualized Family Support Plan
Family Support for Children with Disabilities (FSCD)

Child(ren)'s Name(s)			Start Date of Support Plan (yyyy/mm/dd)	End Date of Support Plan (yyyy/mm/dd)
Last	First	Middle		

Based on the information gathered during this assessment, identify the top/main issues/concerns that the family encounters as a result of their child(ren)'s extraordinary care (workers may refer to the "Building Family Capacity Document").

<p>Step 1: Extraordinary care the child(ren) require(s) that is difficult for the family to manage.</p>				<p>How does the extraordinary care impact the family?</p>	<p>Natural supports that may be available/developed to assist the family.</p>	<p>Community resources that may be available to assist the family.</p>

Step 2:
According to family need, prioritize the issues, concerns or potential strategies in Step 1.

Step 3:
Develop goals that focus on family issues/concerns that have been determined to be a priority in Step 2.

Goals	Tasks	Person Responsible	Timelines	Anticipated Signs of achievement

Signature of Guardian	Date (yyyy/mm/dd)	Signature of FSCD Worker	Date (yyyy/mm/dd)

FSCD3602 Family/Child Assessment of Needs, Part III, page 3

Summary of FSCD Support (Completed by FSCD Worker)			
<p>To be completed by the FSCD worker at the end of the assessment period prior to a worker requesting agreement approval or file closure approval from a supervisor.</p> <p>Ongoing work completed between assessment periods will be documented on contact notes.</p>			
Referral Information Given to Guardian(s) or Referrals by Worker to other Supports/Services			
Resource	Contact Person (if applicable)	Phone	
Case Conferences Held			
Location	Attended By	Date of Contact Note	
Telephone Contacts Made to Gather Information to Complete Assessment (e.g. homocare, school)			
Agency	Contact Person	Phone	Date of Contact Note
Transition Work			
<p>If child is 15-17 years of age, has transition planning been discussed with the family? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Summarize activity (e.g. transition planning conference):</p>			
Specialized Services/Out of Home Requests			
<p>Has the family made a request for Specialized Services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, indicate what has been done to process the request:</p>			
<p>Confirm consultation with supervisor has occurred: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>Has the family has made a request for an Out of Home placement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, indicate what has been done to process this request:</p>			
<p>Confirm consultation with supervisor has occurred: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
Concerns Resolution Process			
<p>Guardian has been informed of all options for resolving concerns should they not agree with a decision made by the FSCD program. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			

FSCD3602 Family/Child Assessment of Needs, Part III, page 4

Decision Point (to be completed by FSCD worker):				
Before considering the provision of Child Focused Services, confirm that the child's disability significantly limits their ability to function in activities of normal daily living. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Provide rationale:				
FSCD Services				
Start Date: _____		End Date: _____		
Service Provided	Amount of Service	Service is		
		New	Same	Increased/Decreased
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rationale:				
Service Provided	Amount of Service	New	Same	Increased/Decreased
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rationale:				
Service Provided	Amount of Service	New	Same	Increased/Decreased
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rationale:				
Service Provided	Amount of Service	New	Same	Increased/Decreased
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rationale:				
Service Provided	Amount of Service	New	Same	Increased/Decreased
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rationale:				
Follow Up Required				
Worker Signature _____		Date (yyyy/mm/dd) _____		

FSCD3602 (2011/11)

Page 4 of 4

FSCD3604 Review of Assessed Needs (RAN)

Government of Alberta	Review of Assessed Needs (RAN) Family Support for Children with Disabilities (FSCD)
The personal information that you are being asked to provide is collected under the authority of the Family Support for Children with Disabilities Act and section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. Personal information is managed in accordance with the FOIP Act and is only disclosed if it is authorized or required by law. Your personal information will be used to determine eligibility and to provide services to your child and family. If you have any questions about the collection or use of your personal information, please contact your Regional FSCD office which can be reached toll free at 310-9630.	
Please review the following information and make applicable changes	
Child's Name: _____	File #: _____
Primary Caregiver's Name: _____	
Address: _____	
Phone: Home: _____	Work: _____ Cell: _____
Child's Education Program: _____	
Child Care Arrangements: _____	
Please complete the following questions (use reverse side if needed)	
1. Describe any changes to your child's diagnosis or health condition that have occurred in the past year.	
2. For each of the areas below, please indicate if the level of assistance/care your child requires has increased, decreased or remained about the same over the past year. Please explain any changes or new modifications/strategies that have been implemented in the past year.	
<ul style="list-style-type: none"> • Assistance with rolling over, standing, walking, climbing stairs. 	
<ul style="list-style-type: none"> • Assistance with eating, using the toilet, dressing, bathing, grooming. 	
<ul style="list-style-type: none"> • Assistance with understanding and communicating with others. 	
<ul style="list-style-type: none"> • Supervision required to maintain your child's safety or to deal with challenging behaviours. 	
<ul style="list-style-type: none"> • Assistance required for your child to successfully take part in social settings with peers and in family and community activities. 	
3. Describe any changes to your child's medications, equipment, routines, etc. that you have tried over the past year.	
4. Please indicate any changes that have occurred in your family circumstances that impacted the time you have been able to spend with your child over the past year. (Example: new child, parent illness, parent work schedules etc.)	
5. Please indicate any changes to your child's school program, child care programs, or community activities over the past year.	
6. Please review the attached Individual Family Support Plan which was developed at the last assessment. Were you able to meet the goals set out in this plan? If you were unable to meet the goals, describe the barriers to achieving them.	
7. What FSCD services and other natural or community supports did you access over the past 12 months? Please indicate if the supports are working well for your family or what changes would be helpful.	
8. Please add any other information or comments that you feel are relevant.	
<div style="display: flex; justify-content: space-between;"> Guardian's Signature _____ Guardian's Name _____ Date (yyyy/mm/dd) _____ </div>	

FSCD3604 Review of Assessed Needs (RAN), page 2

Government of Alberta		Review of Assessed Needs (RAN) Family Support for Children with Disabilities	
Child's Name: _____			
FOR FSCD WORKER USE ONLY			
Worker Follow-Up			
Date of last assessment: (yyyy/mm/dd) _____			
End Date of last/next agreement: (yyyy/mm/dd) _____			
1. Review of Assessed Needs Form: Date Returned: (yyyy/mm/dd) _____			
2. Follow-up Phone Call to Parent: Date: (yyyy/mm/dd) _____			
Additional Information Discussed: _____			
3. Attach New Completed FFS* as required: _____			
Referral Information Given to Parent(s) or Referrals by Worker to Other Supports/Services			
Resource	Contact Person (if applicable)	Phone	
Telephone Contacts to Gather Information to Complete Assessment (e.g. homecare, school, etc.)			
Agency	Contact Person	Phone	Date of Contact Note
Concerns Resolution Process			
Guardian has been informed of all available options for resolving concerns should they not agree with a decision made by the FSCD program.			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
FSCD Agreement			
Service Provided	Amount of Service	Compared to Previous Agreement Service is	Rationale
		New Increased Decreased Same <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		New Increased Decreased Same <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		New Increased Decreased Same <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		New Increased Decreased Same <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		New Increased Decreased Same <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		New Increased Decreased Same <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Follow-up to be Completed			

Worker's Signature _____		Worker's Name _____	Date (yyyy/mm/dd) _____

RAN Sample Cover Letter

Government of Alberta ■

Human Services

[Date]

[Name of Guardians]

[Address]

The Family Support for Children with Disabilities (FSCD) program completes an assessment of families and their child's needs annually with all families that access the FSCD program. However, when a family and child's needs have not changed significantly over the past year, FSCD may only require a review of the last assessment on alternate years rather than the more lengthy full assessment.

You met with [FSCD Worker Name], on [last date] at which time you and [FSCD Worker Name] completed a full assessment of your family and child's needs, developed an Individualized Family Support Plan (IFSP) and determined what FSCD services were appropriate to support your family. Your current Family Support for Children with Disabilities (FSCD) agreement expires on [expiry date].

It appears that your family and [child's name]'s situation has been quite consistent over the past two years and unless you feel that you need to meet face to face, we will complete a review of your needs this year and complete a full assessment next year.

The process for the review is as follows:

Choose one

- You may download the Review of Assessed Needs (RAN) from the FSCD website at <http://www.child.alberta.ca/home/1275.cfm>. You may print the RAN and complete it or complete it online and print the completed form.
- You will complete the attached Review of Assessed Needs form. If the space for a question is insufficient please use the back of the page for additional information.
- Please return the completed form to your FSCD worker.
- Once your FSCD worker receives your completed form, they will review the information and contact you by telephone to discuss the information you submit, review your last IFSP (see attached copy of your last IFSP), develop your new IFSP and discuss FSCD services for the upcoming year.

If your family and/or child's needs have changed significantly in the last year and you wish to meet or if you have any questions about completing the attached form, please call [FSCD Worker Name] at [FSCD Worker Phone Number] instead of completing this form.

Please be sure to either return the form or contact [FSCD Worker Name] prior to the date specified in order to allow sufficient time for you and your worker to complete the assessment prior to the expiry of your current agreement on [expiry date].

... /2

RAN Sample Cover Letter, page 2

- 2 -

In order to complete the upcoming assessment we will require the following documentation. You may send it with your completed form or have it available for your FSCD worker when they meet with you.

Please mail this form to:

[FSCD Worker Name]
[FSCD Office]
[Address]

The information that you provide will be used only for the purpose of assessing the needs of your family and child under the Family Support for Children with Disabilities program. This information will be used in compliance with the *Freedom of Information and Protection of Privacy Act (FOIP)*.

Sincerely,

[FSCD Worker Name]

FCAON Part I Sample Cover Letter

Government of Alberta
Human Services

[Date]

[Name of Guardians]
[Address]

The Family Support for Children with Disabilities (FSCD) program completes an assessment of families and their child's needs annually with all families that access the FSCD program.

The FSCD Family/Child Assessment of Needs (FCAON) includes three parts:

- **Part I: is completed by you as the guardian.**
- **Part II and Part III:** [FSCD Worker Name] will meet with you to complete these sections.
 - Part II takes a detailed look at the extraordinary care your child requires and the impact of your child's disability on your family.
 - In Part III a service plan is developed that identifies your family's goals and appropriate FSCD supports and services to best support your family.

Choose one option

We have attached Part I of the FCAON for you to complete. If you require more space than is available for a particular section please use the back of the page.

You may find Part I of the FCAON on the FSCD website at <http://www.child.alberta.ca/home/1273.cfm> under Family Support for Children with Disabilities/Assessment of Needs. You may print Part I of the FCAON or complete it online and print the completed form.

We have attached a copy of your previous FCAON Part I. Please update the information and if you require more space for a particular section please use the back of the page.

Please [complete/update] this form and return it to [FSCD Worker Name] prior to [date].

If you need help completing any part of this form please contact [FSCD Worker Name] at [FSCD Worker Name Phone #].

Please be sure to either return the form or contact your worker prior to the date specified in order to allow sufficient time for you and your worker to complete the assessment prior to the expiry of your current agreement which expires on [date].

In order to complete the upcoming assessment we will require the following documentation. You may send it with your completed Part I or have it available for your FSCD worker when they meet with you.

.../2

FCAON Part I Sample Cover Letter, page 2

- 2 -

Upon completion please mail this form to:

[FSCD Worker Name]
[FSCD Office]
[Address]

Once the form is received [FSCD Worker Name] will contact you to schedule a meeting.

The information that you provide will be used only for the purpose of assessing the needs of your family and child under the Family Support for Children with Disabilities program. This information will be used in compliance with the *Freedom of Information and Protection of Privacy Act (FOIP)*.

Sincerely,

[FSCD Worker Name]

Appendix B: Information Sharing Overview

Information Sharing for Human Service Providers in the Alberta Public Sector

VISION

Integrated planning and service delivery for individuals is supported by appropriate cross-sector information sharing.

PURPOSE

The purpose of this document is to be a quick reference guide for human service professionals to help them make decisions on how and when to share information about children and youth. This is a companion document to the Information Sharing Guidelines and Appendices and was created by partnering Ministers of the Alberta Children and Youth Initiative (ACYI).¹

The Information Sharing Guidelines have been approved by government and meet requirements under the *Freedom of Information and Protection of Privacy Act (FOIP)*, the *Health Information Act (HIA)*, and the *Personal Information Protection Act (PIPA)*.² The guidelines identify the processes by which information can be shared between service providers and others who are providing services and supports to the same individuals.

LEGISLATION

There are three major pieces of privacy legislation in Alberta. They are FOIP and HIA for the public sector, and PIPA for the private sector. (See the Information Sharing Guidelines and Appendix 1 for other relevant legislation).

RESOURCES / CONTACT INFORMATION

The following will assist you in accessing people and resources related to information sharing.

- **Information Sharing Website**
<http://infosharing.gov.ab.ca/home/index.cfm>
780-644-1629 (toll-free dial 310-0000 first)
 - **Alberta Children and Youth Initiative**
<http://www.child.alberta.ca/home/501.cfm>
 - **Office of the Information and Privacy Commissioner**
<http://www.oipc.ab.ca/home>
FOIP & HIA: 780-422-5800 or 1-888-878-4044
 - **Health Information Act Help Desk**
http://www.health.gov.ab.ca/resources/HIA_Manual.html
780-427-8069
 - **Queen's Printer (to obtain Legislation)**
<http://www.qp.gov.ab.ca/>
- For general questions related to privacy legislation:
Access and Privacy Branch FOIP Help Desk
<http://foip.alberta.ca/>
780-427-5548 (toll-free dial 310-0000 first)

¹ The ACYI is a collaborative partnership of government ministers working together on issues affecting children and youth.

² For additional disclosure provisions, see Section 40 of FOIP.

³ For additional disclosure provisions, see Section 35 of HIA.

⁴ For additional information on PIPA, see the companion guide on private sector privacy legislation.

GREEN LIGHT

Generally speaking, pursuant to FOIP, Personal information CAN be shared under the following circumstances:

- with written consent,
- OR
- to avert or minimize imminent danger to the health or safety of any person,
- OR
- to report a child who might need intervention under the Child Youth & Family Enhancement Act (Enhancement Act),
- OR
- where organizations that are subject to FOIP are involved in a common program or integrated service,
- OR
- by Order of the Court,
- OR
- as under the Youth Criminal Justice Act (YCJA) to facilitate the rehabilitation of a young person,
- OR
- to cooperate with a police and/or child intervention investigation.

Generally speaking, pursuant to the HIA, Health Information CAN be shared if the situation meets at least one of the following:

- with written consent,
- OR
- to avert or minimize imminent danger to the health or safety of any person,
- OR
- to report a child who might need intervention under the Enhancement Act,
- OR
- by Order of the Court,
- OR
- to a person who is responsible for providing continuing treatment and care to the individual (must not be a formal health services provider).

YELLOW LIGHT

In the following circumstances obtain more information and/or get advice from a supervisor, consultant or lawyer:

- consent is not provided or refused but where there may be a health or safety issue for any individual or group,
- to report criminal activity to police (pursuant to FOIP),
- where there is a demand or request to produce information for a legal proceeding,
- when a professional code of ethics may limit disclosure.

RED LIGHT

Information can NEVER be shared if there is:

- a legislative requirement barring disclosure,
- no consent and no need to know nor overriding health/safety concerns,
- consent but no need to know nor overriding health/safety concerns.

Alberta
GOVERNMENT OF ALBERTA

Updated January 2011

Quick Reference Sheet

Working Together for the Benefit of all Individuals.

Working together for individuals requires participants to:

- Build working relationships based on mutual respect and trust.
- Involve individuals in planning for services and supports.
- Recognize that each individual has unique strengths and needs that should be considered when developing a service plan to meet their needs.
- Realize that working together successfully is a process of learning, listening and understanding one another.
- Be patient and trust that by working together, we can help individuals become happy, healthy, active, involved and caring members of the community.

GLOSSARY OF TERMS*

- **Integrated Service:**
A program or service which has several distinct components, each of which may be delivered separately, but when considered together comprises the complete program or service.
- **Common Program:**
A single program or service delivered by two or more public bodies.
- **Health Information**
HIA states that "health information" means any or all of the following: diagnostic treatment and care information and registration information.
- **Minimum Amount of Information:**
In order to respect the rights to individual privacy only the minimum amount of personal information necessary may be shared.
- **Need to Know:**
An organization should not share information unless it is required to fulfill their roles and responsibilities.
- **Age of Consent for Minors:**
The age at which children and youth can give consent differs under various legislation but usually involves a determination as to whether he/she is mature enough to understand the nature of the information and the consequences of its disclosure.
- **Imminent Danger:**
A situation in which any individual or group of individuals may be at immediate risk of harm.

ADDITIONAL INFORMATION

Deciding Whether to Share Information

Information should be shared on a "need to know" basis. The following process may help you decide whether or not you can share information related to an individual/s:

Think about it

What information do you need to know or disclose to best serve individual/s?

Talk about it

Sometimes people disagree on what needs to be shared. Discuss why you need the information and what you hope to accomplish for the individual/s.

Try to understand and reach agreement

Reaching an agreement on what information should be shared will require ongoing communication, patience, and trust.

First Nations Agreements

Some services delivered by First Nations, either directly or through contracted agencies, may not be covered under the FOIP Act. These services need to be examined in greater detail in order to determine where they fit within an information sharing process.

Participating Organizations not under FOIP or HIA

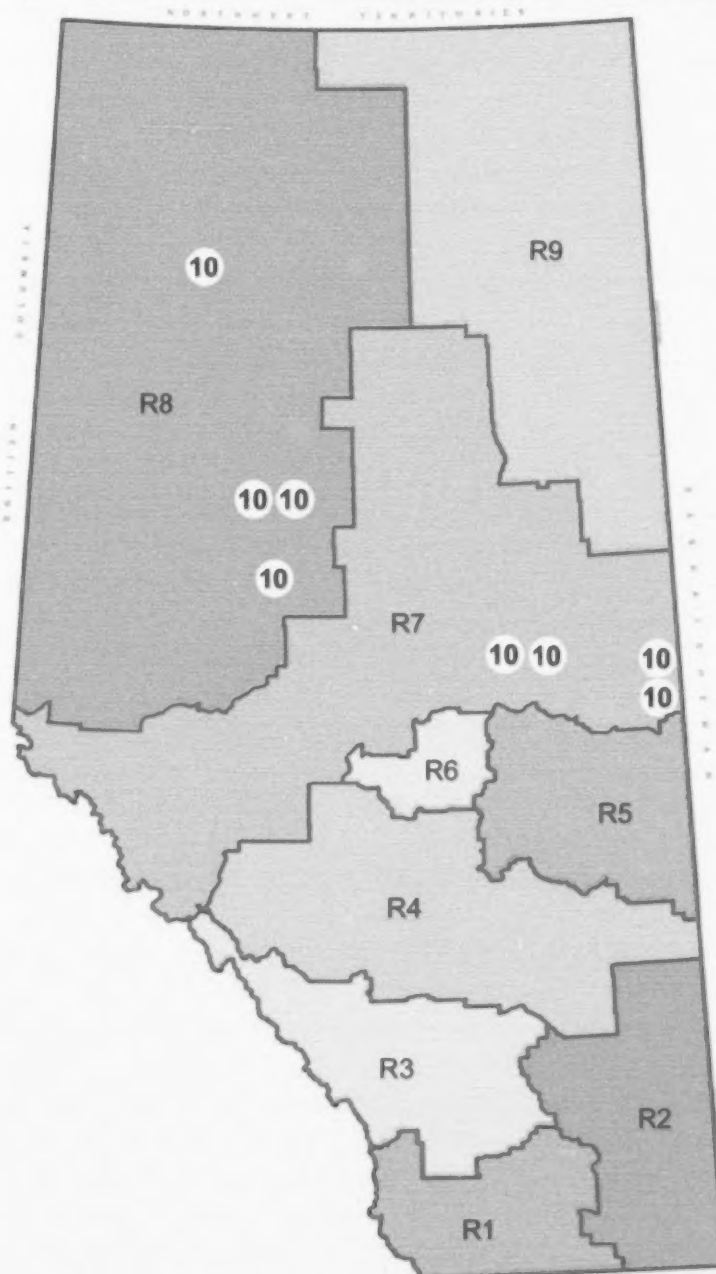
Some organizations such as independent agencies may fall under PIPA, provincial private sector privacy legislation. Other organizations may not fall under provincial privacy legislation at all. For example, the RCMP comes under federal privacy legislation.

LOCAL CONTACT INFORMATION

* For additional terms and information see the Information Sharing Guidelines and Appendices.

Updated January 2011

Appendix C: Regional Offices



- R1 Southwest Alberta
Child and Family
Services Authority
- R2 Southeast Alberta
Child and Family
Services Authority
- R3 Calgary and Area
Child and Family
Services Authority
- R4 Central Alberta
Child and Family
Services Authority
- R5 East Central Alberta
Child and Family
Services Authority
- R6 Edmonton and Area
Child and Family
Services Authority
- R7 North Central Alberta
Child and Family
Services Authority
- R8 Northwest Alberta
Child and Family
Services Authority
- R9 Northeast Alberta
Child and Family
Services Authority
- R10 Metis Settlements
Child and Family
Services Authority

Local FSCD Office Lookup

Appendix D: Interregional Transfer Protocols

INTENT

- ◆ The intent of this protocol is to ensure that when families move from region to region, the current and receiving regional FSCD workers work together to ensure a smooth transition for the family.
- ◆ Protocol promotes a more seamless service delivery system for families who move from one Child and Family Service Authority to another.

POLICY

- ◆ FSCD workers from the current and the receiving region work, in partnership with the family, to ensure the transition process is as smooth as possible, with minimal disruption for the family.
- ◆ Comparable supports are made available to the family in the receiving region, wherever possible, taking into consideration any changes in needs that families might have, as a result of moving
- ◆ Information and referral to community supports and services will be provided by the receiving region.
- ◆ All administrative processes, associated with the transition from one region to the other, are coordinated to ensure minimal disruption for the family.
- ◆ The transfer process will be communicated in such a way as to reassure the family about the level of support they will continue to receive.

PROCEDURE

Parents advise worker in advance of move to another district office/region

- (1) The FSCD worker discusses with the family whether they would like advance information about the availability of local community resources and service providers. If the parents want this information, the FSCD worker:

- Arranges a transfer conference with the parents and the FSCD worker in the receiving region to discuss their current Individualized Family Support Plan (FSCD3593) and FSCD Agreement. Information about local community services and service providers within the region are provided to the family for future use
 - Contacts the receiving region, obtains information about the receiving region and conveys that information to the parent.
- (2) The FSCD worker ensures the parents have a name, contact number and other details about how to contact the FSCD Program in the receiving region.
 - (3) The FSCD worker ensures the file is up-to-date, completes a closing amendment for the current FSCD Agreement if necessary, completes the file closure/transfer function in FSCDIS, and provides a closure transfer summary prior to releasing the file to the receiving region. The FSCD worker then contacts the receiving region to ensure the new worker has all of the necessary information.
 - (4) The FSCD worker advises family that receipts for services, up to the transfer date, can be submitted to the current region. If these receipts are forwarded to the receiving region, the receiving region should redirect them to the current region for payment, without further involvement of the family.
 - (5) The FSCD worker in the receiving region contacts the family within a week of receiving the family's file and arranges a home or face-to-face visit. The family should be reassured at that visit that the Individualized Family Support Plan (FSCD3593) and FSCD Agreement will be honoured, to the greatest extent possible, and that the most comparable local resources will be made available to the family. The FSCD worker should explore any changes in the family's needs, resulting from the change of location, and make adjustments to the type and level of supports, as appropriate. The FSCD worker should also provide information and referrals to local community supports and services.
 - (6) Minor revisions should be made to the existing Individualized Family Support Plan (FSCD3593) but, if required, a new Individualized Family Support Plan should be prepared, in collaboration with the family, and a new FSCD Agreement put into place.

Parents move to another district office/region without advising the FSCD worker

- (1) When an FSCD worker from either the sending or receiving region becomes aware a family with an active FSCD Agreement has relocated, he/she arranges a transfer conference with the family to discuss information about the family's needs and priorities, current services received and any other relevant issues.
- (2) The FSCD worker in the sending region ensures the file is up-to-date, completes a closing amendment and includes a summary prior to promptly releasing the file to the receiving region. The FSCD worker then contacts the receiving region to ensure the new worker has all of the necessary information.
- (3) The FSCD worker in the receiving region advises the family that receipts for services, up to the transfer date, can be submitted to the sending region. If these receipts are forwarded to the receiving region, the receiving region should redirect them to the sending region for payment, without further involvement of the family.
- (4) The FSCD worker in the receiving region contacts the family within a week of receiving the family's file and arranges a home or face-to-face visit. The family should be reassured at that visit that the Individualized Family Support Plan (FSCD3593) and FSCD Agreement will be honoured, to the greatest extent possible, and that the most comparable local resources will be made available to the family. The FSCD worker should explore any changes in the family's needs, resulting from the change of location and make adjustments to the type and level of supports, as appropriate. The worker should also provide information and referrals to local community supports and services.
- (5) Minor revisions should be made to the existing Individualized Family Support Plan but, if required, a new Individualized Family Support Plan should be prepared, in collaboration with the family, and a new Agreement put in place.

Appendix E: Provincial and Regional Parent Advisory Committees

Provincial Parent Advisory Committee (PPAC)

The Provincial Parent Advisory Committee, or PPAC, was established in July 2004 to provide a voice for parents of children with disabilities.

PPAC provides an opportunity for information sharing between the Ministry of Human Services and families of children with disabilities.

PPAC objectives include the following:

- (1) To provide input and feedback on policies, procedures and services to the Ministry of Human Services as it affects families of children with disabilities to ensure the Family Support for Children with Disabilities legislation continues to have a positive impact on families and their children with disabilities;
- (2) To provide representation from each region in the province, including First Nations, facilitating the flow of information between the FSCD Program and families in each region;
- (3) To provide systemic (not individual) advocacy for families of children with disabilities; and
- (4) To assist in the development of strategies to increase public awareness on the challenges and opportunities faced by families of children with disabilities.

PPAC Membership includes:

- ◆ Twelve (12) parent representatives, consisting of:
 - One (1) representative for each of the 10 regions (on behalf of each Regional Parent Advisory Committee, or RPAC)
 - One (1) parent representative from the Provincial Stakeholder Advisory Committee (PSAC)

- ◆ One (1) representative from First Nations
 - One (1) community representative from the Provincial Stakeholder Advisory Committee
- ◆ Two (2) Child and Family Services Authority Chief Executive Officers or designates; one representing an urban region and one representing a rural region
- ◆ Provincial Director, Family Support for Children with Disabilities

Members are appointed to PPAC through Ministerial order for a term of three (3) years. Under exceptional circumstances, the committee may recommend the length of term may be extended for up to two (2) years subject to Ministerial approval. Two (2) parent representatives are then appointed by PPAC as Committee Co-Chairs.

PPAC reports to the Ministry of Human Services through Committee co-chairs to the Provincial Director of FSCD.

The Provincial Parent Advisory Committee meets every two months, with additional meetings as required, and is reviewed each year by the committee and Ministry for recommendation regarding continuation.

Regional Parent Advisory Committee (RPAC)

Regional Parent Advisory Committees (RPACs) provide an opportunity for families of children with disabilities to have input into the ongoing direction of the FSCD Program within their regional Child and Family Services Authority (CFSA).

Regional Parent Advisory Committees:

- provide a family perspective of how the FSCD legislation supports positive outcomes for families and their children with disabilities;
- work with their regional FSCD staff to provide ongoing input and feedback on FSCD policies, procedures, support and services;
- share information between families of children with disabilities and regional FSCD staff; and
- may be invited to support regional implementation of projects related to supports for children with disabilities and their families.

Each Regional Parent Advisory Committee is also represented at the Provincial Parent Advisory Committee.

Any parent with a child with a disability who is receiving support through the FSCD Program may apply to become a member of their local committee.

Appendix F: Canada Customs and Revenue Agency

The Canada Customs and Revenue Agencies Website www.ccr-aadrc.gc.ca/disability is a comprehensive resource that provides detailed and current information on topics and services that may be of interest to individuals with disabilities. The website showcases new and archived information, listings of events and seminars that are scheduled as well as easy on-line access to forms and publications. Paper copies of forms and publications can also be requested by contacting the information line at 1-800-959-2221.

Appendix G: Employee-Employer Relationship

INTENT

- ◆ To clarify the responsibility of parents and service providers in the hiring of independent care providers and the recommendation of fees for services and reporting requirements.

POLICY

- ◆ The parent is responsible to pay the independent care provider for all costs associated with the independent care provider, including their hourly rate or other remuneration or fees for services.
- ◆ The FSCD Program will reimburse service agencies directly for all costs associated with service providers.
- ◆ The FSCD Program does not reimburse independent care providers directly for their fees or other remuneration for services nor does the FSCD Program report to or pay any amounts owing directly to Canada Customs and Revenue Agency for Canada Pension Plan or Employment Insurance.
- ◆ The parent is responsible to seek independent advice with regard to their responsibilities for reporting and remitting Canada Pension Plan and Employment Insurance and other related obligations concerning the independent care provider such as taxes and vacation.
- ◆ Human Services does not provide advice on employee-employer matters.

PROCEDURE

- (1) The parent is responsible to pay all independent care provider costs including deductions, remittances and reporting to Canada Pension Plan (CPP) contributions and Employment Insurance (EI) premiums.

- (2) Service Agencies are required to cover deductions, remittances and report to Canada Pension Plan contributions and Employment Insurance premiums on the amounts pay to service providers

Appendix H: Sample Outline for the Appeal Committee

Family Support for Children with Disabilities Family Support for Children with Disabilities Appeal Committee SUMMARY

Child's Name: _____

Child's Birthdate: _____

FSCD Identification Number: _____

Parent(s) Name: _____

Address: _____

Telephone Number: _____

Date of Appeal: _____

Issue of Appeal: _____

under Section _____ for the *Family Support for Children with Disabilities Act*.

Background Information

Status of Agreement

Other Relevant Information

Status of Request Being Denied

Rationale for Denying Supports and Services

Concluding Comments

Name of Supervisor/Manager
FSCD Program

Appendix I: Verification of On/Off Reserve

INTENT

- ◆ The information regarding on/off reserve residency is used to determine financial responsibility for the cost of services provided to the child and family. Either the Child and Family Services Authority (CFSA) or Indian and Northern Affairs Canada (INAC) may be responsible for the costs of services depending on the child's confirmed on/off reserve status.
- ◆ The Verification of On/Off Reserve Status form (FSCD3594) is approved by and for the purposes of Indian and Northern Affairs Canada (INAC). The questions are used to confirm whether or not a child is considered by INAC to be ordinarily resident on reserve and to determine INAC's responsibility for service costs. The form and questions asked to determine a child's on/off reserve status are used by all relevant Human Services' programs.
- ◆ The criteria used to determine "ordinary residency on reserve" is defined in the *Canada/Alberta Arrangement for the Funding and Administration of Social Services* (Definition and Explanatory Notes).
- ◆ A determination that a child is ordinarily resident on reserve does not impact the child's FSCD Agreement or the way that invoices are processed in FSCDIS. If a child is verified to be ordinarily resident on reserve, costs will be recovered by Human Services.

POLICY

- ◆ The FSCD worker is required to identify if the child is ordinarily resident on or off reserve at the time of intake. This determination is made for every child who applies for FSCD services and is also:
 - living on a reserve or in a "specified" community (Cadotte Lake, Fort Chipewyan, Fort McKay, Garden River, Little Buffalo),
 - of Aboriginal descent, or
 - receiving services from a Delegated First Nation Agency (excluding children who are in care under child protection where a Delegated First Nation Agency has guardianship responsibilities).

- ◆ For a child who meets the above criteria, the Verification of On/Off Reserve Status form (FSCD3594) must be completed by the FSCD worker within 30 working days of intake in order to identify a child's status prior to an agreement being finalized. New FSCD agreements are to be in Final Agreement status within 45 working days of intake.

- ◆ Determination of whether or not a child is considered ordinarily resident on reserve is based on the residency of the child's parent/guardian or the caregiver looking after the child at the time the FSCD file is opened.

NOTE: The FSCD Program can **only enter into an agreement with the child's parent/guardian**. If the child is residing with a caregiver who does not have guardianship of the child, the FSCD Program may still enter into an agreement with the child's parent/guardian. In this case, for aboriginal children, the determination of ordinarily on reserve status would be based on the residency of the caregiver with whom the child ordinarily resides.

- ◆ The verification of on/off reserve status is an internal business process and the Verification of On/Off Reserve Status form (FSCD3594) is to be completed by the FSCD worker without disruption for families and the services provided. This form is completed by the FSCD worker (internal use only).
- ◆ When an FSCD worker identifies a child's status as ordinarily resident on reserve, the completed Verification of On/Off Reserve Status form (FSCD3594) must be faxed to the Verification Officer within 30 working days of intake.
- ◆ Confirmation of a child's on/off reserve status is the responsibility of the FSCD Verification Officer.
- ◆ The completed Verification of On/Off Reserve Status form must be kept on the child's file and the child's Registered Indian Number entered in FSCDIS.
- ◆ A new Verification of On/Off Reserve Status form must be completed for a child who meets the criteria set out in policy, whenever a child's file initially opens or reopens after a closure that resulted in a break in services. File transfers that occur between regions will not require a new verification form to be completed as long as services are provided on a continuous basis.

Essential Program Standards

An On/Off Reserve Verification form (FSCD3594) is completed for children of First Nations origin.

PROCEDURE

To **determine if a child is ordinarily resident on or off reserve**, complete the following steps:

- (1) Determine whether the child is:
 - Aboriginal,
 - Aboriginal – Registered Indian Status, or Potential to Be Registered,
 - Living on a reserve or in one of the "Specified" communities of Cadotte Lake, Fort Chipewyan, Fort McKay, Garden River, Little Buffalo
 - Receiving services from a Delegated First Nation Agency.
A child and family may receive in-home supports from a Delegated First Nations Agency at the same time they are receiving FSCD services, however, if the child is in care and the Delegated First Nations Agency has assumed guardianship responsibilities for the child, the child would not be eligible for the FSCD Program other than in the context of information, referral and consultation with the Delegated First Nations Agency for service planning.
- (2) If the child **is not included** in one of the above categories, no further action is required and the Verification of On/Off Reserve Status form does not need to be completed.
- (3) If the child **is included** in one of the above categories, complete the Verification of On/Off Reserve Status form (FSCD3594).
 - If the answer is "no" to all four questions on the verification form, the child is considered to be ordinarily resident off reserve. Sign the verification form and retain the form in section 6 of the child's file.
 - If the answer is "yes" to any of the four questions, the child is considered ordinarily resident on reserve and the verification form must be forwarded to the Verification Officer for review and confirmation.

- Complete the Verification of On/Off Reserve Status form (FSCD3594) manually.
- Fax the form to the designated FSCD Verification Officer at:

FSCD Verification Officer
Child and Family Services Division
Human Services
9940 – 106 Street
Edmonton, Alberta
T5K 2N2
FAX: 780-422-5415

- (4) The FSCD worker will retain a copy of the fax cover sheet on the child's file (section 6) when the verification form is sent to the Verification Officer.
- (5) The FSCD worker reviews the First Nations Information Section in the Child Details section on the Family Support for Children with Disabilities Information System (FSCDIS) and if appropriate, updates the information to reflect the child's identified status.
- (6) The Verification Officer will review the verification form to ensure that the form is complete and all required information has been provided to determine the child's on/off reserve status.
- (7) The FSCD Verification Officer may contact either the FSCD worker or INAC in an effort to gather any additional information needed or resolve any issues that may arise.
- (8) The Verification Officer will verify the child's on/off reserve status based on the information provided,
- (9) If the Verification Officer agrees the child's status is on reserve, the Verification Officer will sign the verification form and fax back to the FSCD Worker for the child's file.
- (10) The FSCD worker will keep a copy of the verification form signed by the Verification Officer on the child's file (section 6).
- (11) The Verification Officer will identify if INAC has financial responsibility for services, and will forward the verification form to INAC as appropriate.

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- (12) INAC will confirm their financial responsibility and return the verification form to the Verification Officer.
 - (13) The Verification Officer will receive confirmation of the child's on/off reserve status from INAC, and fax a copy of the verification form signed by INAC to the FSCD worker for the child's file. The Verification Officer will then provide a confirmed list to the financial branch for billing purposes.
 - (14) The FSCD worker will retain the approved copy of the verification form signed by INAC on Section 6 of the child's file.
 - (15) The FSCD worker reviews the First Nations Information Section in the Child Details section on the Family Support for Children with Disabilities Information System (FSCDIS) and, if appropriate, updates the information to reflect the child's status as verified by INAC.
 - (16) On a quarterly basis the Verification Officer will provide the FSCD Branch with a list of completed Verification of On/Off Reserve Status forms for standards monitoring purposes.

FORMS

- ♦ Verification of On/Off Reserve Status (FSCD3594) (Appendix A-30).

FSCDIS

- ♦ Complete the First Nations Information section on the child's electronic file.



Appendix J: Multi-Disciplinary Team (MDT) Roles and Responsibilities

BACKGROUND

To fulfill the requirements of the Family Support for Children with Disabilities (FSCD) legislation, the FSCD Program established Multi-Disciplinary Teams (MDTs). MDTs are comprised of at least two of the following professionals who have experience and expert knowledge on best practices regarding services for children with severe disabilities and their families:

- Occupational Therapists;
- Physical Therapists;
- Speech and Language Pathologists; and
- Psychologists.

The professionals who participate on the MDTs are appointed through Ministerial Order for the purposes of the *Family Support for Children with Disabilities Act* and Regulation.

PURPOSE

MDTs serve a consultative role to the FSCD worker, providing recommendations that help to inform the FSCD worker's decision-making regarding the need for and provision of specialized services.

MDTs review and consider information and documentation provided by the child's family, service providers and other professionals involved with the family and child, and/or as relayed through the FSCD worker, including:

- diagnostic information, clinical assessments or reports;
- information from the child's school program;
- current and/or proposed Individualized Service Plans (where applicable);
- information about the services being requested;

- information about the families goals, priorities and the skills and strategies they use to help promote their child's participation in activities of daily living; and
- any other information provided relevant to the family's and child's individual needs and circumstances.

Based on the information and documentation provided, the MDT makes recommendations to the FSCD worker related to the provision of specialized services. **MDTs do not complete clinical assessments, see the children or make decisions about the provision of FSCD services.**

MDT MEMBER'S ROLES AND RESPONSIBILITIES

- 1. Understand the intent of the FSCD Program and legislation pertaining to the provision of specialized services.**
- 2. Actively participate in the MDT process, including face to face or video/teleconference meetings involving parents and services providers or paper reviews as applicable.**
 - Review the information and documentation provided;
 - Seek clarification, as needed, to ensure a sufficient understanding of the child's needs; the family's priorities; the strengths and abilities of the family and child; the resources that the family has available to them; and the nature of the specialized services being proposed; and
 - Discuss the information and documentation, the family's priorities and needs, whether there is a critical need for specialized services, the services being requested and how they would address the family's and child's needs.
- 3. Provide recommendations to the FSCD worker.**
 - Work as a Multi-Disciplinary Team in order to develop MDT recommendations by consensus rather than independently offering discipline specific recommendations;
 - Provide clear explanation and rationale for the MDT recommendations; and

-
- Identify any considerations or concerns relevant to the recommendations.

MDT recommendations address the following two criteria as identified in the FSCD Regulation (Section 4(1)(m)(vii) and (ix)):

- 1) Does the child have a critical need for and is it recommended that FSCD provide specialized services?
- 2) Are the proposed specialized services likely to achieve measurable improvement in a reasonable and predictable period of time or to sustain or prevent regression or dependency in the child's activities of normal daily living?

In making MDT recommendations, MDT members consider and may comment on the following information or factors as relevant to their recommendations including:

- The diagnostic information, clinical assessment or reports and other information provided regarding the child's disability and its impact on their ability to function in activities of normal daily living;
- The need for additional, updated or clarified information relevant to the child's areas of need to help inform service planning or for consideration in terms of future specialized service needs;
- The child's strengths, functional abilities and service needs in the following areas:
 - Behaviour;
 - Communication and socialization skills;
 - Cognitive Abilities;
 - Physical and motor development;
 - Self-help skills and adaptive functioning;
- The complexity of the child's disability and the family's need for support and consultation from professionals (e.g., a speech-language pathologist, physical or occupational therapist or psychologist);
- The impact of the disability on the child's functioning in activities of daily living;

- The impact of the child's disability on the family including the extraordinary care demands;
- The needs of the family including their need for information, consultation, coaching and/or support to promote their child's participation in activities of daily living;
- The strengths, abilities, and routines of the family or circumstances that may impact their ability to participate in specialized services at this time, influence how specialized services are provided or shape the development and implementation of the Individualized Service Plan;
- The supports or strategies that have proven to be effective for the family and child in the past (e.g., progress or outcomes of previously provided supports and services including specialized services);
- Other programs, supports and/or services that are currently being accessed or the programs, supports and/or services that may be available to address the identified service needs including other less intrusive FSCD services;
- The fit between the services being requested/proposed and the:
 - family's goals and priorities;
 - child's strengths, abilities and limitations;
 - other supports or service that the family is receiving;
- Where applicable, the current and/or proposed Individualized Service Plan (NOTE: families requesting specialized services for the first time may not have a service provider or service plan), including:
 - the level of family involvement in developing and implementing the plan;
 - the fit between the service goals and family's priorities;
 - The extent to which the identified service goals support the parents capacity to promote the child's participation in activities of normal daily living; and
 - The extent to which the identified service goals respond to the critical areas of need;

-
- The extent to which the proposed specialized services are based on established rehabilitative practices, strategies and approaches that are reasonable, least intrusive and demonstrated to be effective;

- The fit between the services and resources being requested and the identified needs of the family and child, including the composition of the specialized service team; the level of professional and/or aide involvement; the hours of service being proposed; and the model of service delivery;
- How service elements will be integrated and coordinated internally and with other services being provided to the family and child (e.g., supports or service being provided through Health or Education);
- How the proposed services or the Individualized Service Plan (where applicable) will address anticipated transitions (e.g., family moving, changes to family composition, entry into a school program or changing of schools, transitioning to other types of services, etc.);
- The duration of time that specialized services are required or the need to review the ongoing need for specialized services;
- How service delivery and outcomes will be monitored and tracked; and
- Other relevant information.

4. Provide follow-up support to the MDT process and consultation to the FSCD worker as required.

- Be available to finalize the MDT recommendations if not completed during the scheduled MDT meeting time;
- Provide further clarification and rationale as needed regarding the MDT recommendations;
- Provide a professional opinion to the FSCD worker regarding discipline specific questions.

5. Participate in FSCD Program or MDT process related activities as required.

- Attend meetings or in-service sessions related to the FSCD legislation, policy and/or other program matters as they pertain to the MDT process or the provision of specialized services.

OTHER MATTERS TO KEEP IN MIND

- ◆ MDT recommendations are intended to support the FSCD worker in making decisions about providing the right services at the right time.
- ◆ MDT recommendations relate specifically to the critical need for specialized services and if the proposed services are likely to have a positive impact for the individual family and child.
- ◆ MDT recommendations are only one piece of information that the FSCD worker considers in making a decision regarding specialized services.
- ◆ The MDT is making recommendations based only on the information and documentation provided for their consideration.
- ◆ In the event that the MDT members do not feel that they have the information necessary to make MDT recommendations, they should inform the MDT Co-ordinator. NOTE: every effort is made to ensure that sufficient information and documentation is available before an MDT is scheduled.
- ◆ MDT members begin with the assumption that families and service providers are trying their best.
- ◆ The MDT is intended to be a positive experience for families that supports them in receiving the right services to address their individual needs and circumstances.
- ◆ Families should be treated with respect and made to feel comfortable in sharing information about their circumstances and needs.
- ◆ All communication with parents, service providers, FSCD staff, other MDT members, and the MDT Co-ordinator should be professional, supportive and respectful.
- ◆ MDT members may be exposed to personal and/or sensitive information about the family, child, or service providers. All information and documentation shared during the MDT process is confidential.
 - While MDT members may take informal (transitory) notes to help remember information or questions that come up during the MDT meeting, any important information noted should be reflected in the

MDT recommendations document. All notes and copies of the family's documentation are destroyed at the conclusion of the MDT meeting.

- ◆ There may be occasions when an MDT member feels a professional responsibility to comment on an issue that is beyond the scope of their role as an MDT member. Such comments or concerns should be brought to the attention of the MDT Co-ordinator who will ensure that they are communicated to the relevant FSCD Program staff.
- ◆ Professionals may have a particular theoretical orientation that may or may not be shared by other disciplines or even other professionals within their field. It is important for MDT members to remain objective and aware of their own biases.

CONFLICT OF INTEREST

- ◆ Individual MDT members must exclude themselves from the MDT meeting if they or their organization:
 - Currently provide services to the family and child;
 - Have provided services to the family and child within the past year; or
 - Stand to directly benefit from FSCD decisions related to the MDT recommendations.
- ◆ MDT members should not provide services to a family whose MDT they participate in. This applies for a period of up to one year after the MDT recommendations were made.
- ◆ In these and all other matters, MDT members should adhere to the ethical guidelines and conflict of interest cautions associated with their respective disciplines and governing bodies.

Appendix K: Role of the Multi-Disciplinary Team (MDT) Co-ordinator

- ◆ MDT Co-ordinators facilitate the Northern and Southern MDTs and promote a consistent provincial MDT process.
- ◆ The MDT Co-ordinator does not have decision-making authority regarding the provision of FSCD services.
- ◆ The MDT Co-ordinator:
 - Is available to provide support and consultation relevant to specialized services and the MDT process;
 - Provides consultation regarding the need for an MDT and the type of MDT that is needed;
 - Reviews all information and documentation to ensure that there is sufficient information for the MDT's review before scheduling an MDT;
 - Facilitates the MDT process and chairs all MDTs; and
 - Tracks, analyzes and reports on information and emerging issues related to the MDT process.

Appendix L: Tip Sheet for Guardians when Choosing an Out of Home Placement

Government of Alberta 

Children and Youth Services

Family Support for Children with Disabilities

Tip Sheet for Guardians when Choosing an Out of Home Placement

This TIP sheet is intended to provide guardians with information to consider when they are choosing an out of home placement for their child.

- When exploring potential out of home care placements for your child, check to ensure that:
 - Placement providers have a criminal record check. Request to see documentation.
 - Placement has sufficient physical modifications to accommodate your child's physical needs, such as ramps, accessible washrooms etc., if applicable to your child's care.
 - Placement has safety features: smoke detectors, carbon monoxide detectors, fire extinguisher etc.
 - Placement has a no-smoking policy.
 - Placement location is accessible and convenient for your family, thereby promoting your ability to maintain regular contact with your child.
 - Placement providers have the skills required to care for and supervise your child. Discuss your child's specific behavioural, physical, mental and cognitive needs with the potential provider to ensure they understand your child's disability and the care your child requires.
 - Placement providers agree to promote your child's inclusion into the community to the greatest extent possible.
 - The placement location is conducive to your child's educational program, or your child's educational program can be delivered to a school that your child is able to access when living in an out of home placement.
 - The placement provider is aware that you continue to be your child's guardian and that you make all decisions regarding your child, unless you request and document specific decisions that may be made by the out of home placement provider.
- Once you have decided on an out of home placement that meets the needs of your family and child and the FSCD Program has agreed to fund the placement, it is important to discuss the following with the out of home placement provider:
 - Your child's diagnosis, medical history, current medical/dental treatment, prescription and approved over the counter medications, medical contacts and emergency procedures relevant for your child.

2010 November

- Your child's educational program and educational support expected from the placement.
- The number of days, and dates your child will be living in the out of home placement.
- Your visitation schedule at the placement.
- Your child's scheduled visits home.
- Transportation arrangements to/from the placement.
- Delegated decision-making.
- Contacts
 - Emergency
 - Approved family and social contacts and frequency/method of communication
 - non-contacts and instructions for contact redirection
 - Internet/social media usage
- Financial responsibilities
 - how you are going to fund your child's educational, medical and dental costs
 - how and when you will provide the child's clothing, educational supplies, grooming, hygiene, and personal care products, medications and/or any other supply typically required for the child
 - how and when you will provide funding for costs associated with the child's social, recreational, cultural or spiritual activities
 - spending money (if applicable)
- Social, recreational, religious and cultural activities the child may participate in.
- Transition plan to return the child to the family home full time.

Remember that you are responsible to monitor your child's out of home placement to ensure your child's needs are met.

Each Child and Family Services Authority works with families to explore out of home placements that may be available to meet the family and child's needs.

Regional practices regarding developing and funding out of home placements vary dependent on local resources.

2010 November

Appendix M: Guidelines for Developing an Individualized Service Plan (ISP) for Specialized Services

[Link to Guidelines](#)

Appendix N: FSCD Guidelines for Demonstrating Effectiveness

[Link to Guidelines](#)

Appendix O: Program Coordination Protocol between CIS and FSCD

[Link to Protocol](#)

Appendix P: Application Package

Government of Alberta ■
Children and Youth Services

Family Support for Children with Disabilities (FSCD) Program

Dear Parent/Guardian,

Parents of children with disabilities sometimes need support to raise their children at home and participate in community life.

The FSCD Program uses a family-centred approach to provide a range of supports and services that strengthen a family's ability to promote their child's healthy growth and development. In addition, FSCD assists with some of the extraordinary costs of raising a child with a disability.

The program is voluntary, and parents remain the guardians for their child, and are responsible for all decision-making and typical expenses of raising a child.

Please find enclosed an application package that includes information on the following:

- Supports and services that may be available upon acceptance into the program
- Eligibility
- Application process
- Required medical documentation regarding the child's disability
- Application form

To apply to the FSCD program please complete, sign and return the application form along with the necessary medical documentation regarding your child's disability in person, by fax or mail to:

INSERT REGIONAL OFFICE CONTACT
LABEL INFORMATION HERE

Please note that you must be the child's legal guardian in order to apply.

For more information about the FSCD program, visit the Alberta Children and Youth Services website at www.child.alberta.ca under Programs and Services.

On the same website, under Publications, you will also find *Welcome to the Family*, a booklet developed by parents, for parents that provides information about raising a child with a disability. The FSCD program can provide you with a hard copy of the booklet if needed.

If you have any questions about the FSCD program or about completing the application form, please contact the FSCD office in your area.

Supports and Services

FSCD provides information and referrals, and funding for family support services and child-focused services to families of children with disabilities.

Prior to accessing FSCD supports, families are encouraged to access the supports, services and resources already available to them. All other available resources must be utilized before the FSCD Program will provide funding.

Information and Referrals

Information and referral supports are available to all families who have a child with a disability, regardless of the type of disability or eligibility for the FSCD Program, including:

- Information about federal and provincial government programs and services, community supports and local resources
- Assistance obtaining and coordinating supports and services
- Referral to community support and advocacy resources, such as parent support groups, disability associations or advocacy organizations
- Information and support to empower parents to advocate for their child

Family Support Services

Family support services may be provided based on the family's needs and circumstances, including:

- Individual and family counselling
- Assistance with the cost of clothing and footwear related to the child's disability
- Assistance with the cost of attending medical appointment or when the child is in hospital, such as parking, mileage, meals and accommodation
- Respite services

Child-Focused Services

Child-focused services are provided when a child's disability significantly limits his or her ability to function in normal daily living activities, and are based on the child's and family's individually assessed needs. Child-focused services include:

- Respite services
- Child care support
- Aide supports
- Health-related supports, such as assistance with some of the extraordinary cost of prescription drugs, formulas and diets
- Specialized services, such as support and consultation from occupational or physical therapists, speech language pathologists or psychologists
- Out-of-home living arrangements.

Who is eligible for the FSCD Program?

In order for a child to be eligible for the FSCD Program:

1. The child with a disability must be under age 18
2. The person applying for the program must be the child's parent or have guardianship of the child
3. The child must be a Canadian citizen or permanent resident
4. The child and the parent or guardian must reside in Alberta
5. Medical documentation must be provided confirming that the child has a disability or is awaiting a diagnosis.

For the purposes of the FSCD Program a disability is defined as a chronic, developmental, physical, sensory, mental or neurological condition or impairment that does not include a condition for which the primary need is for medical care or health services to treat or manage the condition, unless it is a chronic condition that significantly limits a child's ability to function in normal daily living.

Applying to the FSCD Program

Step 1: Review the information provided about the FSCD Program to determine if the FSCD Program is right for you. For more information about the FSCD program please visit the Alberta Children and Youth Services website at www.child.alberta.ca under Programs and Services.

Step 2: Complete and sign the FSCD application form.

Step 3: Attach copies of the medical documentation regarding your child's disability to your completed FSCD application form.

Step 4: Mail, fax or drop off the completed application form and medical documentation to your local FSCD office.

Step 5: A FSCD worker will contact you to discuss your application. If you have not been contacted within two weeks of sending in your completed application, please call your local FSCD office.

If we are unable to reach you, your information will be kept for 90 days, after which you will need to re-apply.

If you have any questions regarding the application process, or for assistance completing the FSCD application form, please call your local FSCD office.

Medical Documentation Regarding the Child's Disability

In order to help determine eligibility, the FSCD Program requires a letter or report from an appropriate health care professional identifying:

- a) the child's diagnosis and/or disability, or
- b) that the child's condition or impairment may lead to a disability and that the child is awaiting a medical diagnosis.

The letter or report may be written by, or on behalf of, the following health professionals who are able to make the diagnosis or probable diagnosis within their scope of practice:

- Physician or psychiatrist
- Physical or occupational therapist, speech and language pathologist or audiologist
- Clinical social worker or psychologist.

The letter or report should include:

- Your child's name and date of birth
- Your child's diagnosis, with some description of the condition, how the disability affects daily functioning and, where applicable, an explanation of whether the condition is expected to have long term or lifelong implications
- Date when your child was diagnosed with the condition
- Name of the physician or other health professional who diagnosed your child with the condition.

The information you provide should be as current as possible. If your child was diagnosed more than two years ago, please provide any documentation available from when the original diagnosis was made, and any recent information you have from the health professionals who are providing ongoing or follow-up care for your child.

The FSCD worker may ask you to provide additional information or clarification about your child's diagnosis, in order to understand your child's disability and determine if he or she is eligible for the FSCD Program.

PLEASE NOTE: Fees for costs associated with obtaining medical documentation are the responsibility of the applicant.

Application for Family Support for Children with Disabilities

The personal information that you are being asked to provide is collected under the authority of the *Family Support for Children with Disabilities Act* and Section 33(c) of the *Freedom of Information and Protection of Privacy (FOIP Act)*. Personal information is managed in accordance with the *FOIP Act* and is only disclosed if it is authorized or required by law. Your personal information will be used to determine eligibility and to provide services to your child and family. If you require assistance completing the form or have any questions about the collection or use of your personal information please contact your Regional FSDC office which can be reached toll free at 310-0000.

Last Name of Child		First	Initial	Other names (alias) child is known by	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (yyyy/mm/dd)
Address				City/Town	Postal Code	Phone Number

Is your child a Canadian citizen or a permanent resident of Canada? ☐ Yes ☐ No

You will be asked to show a copy of your child's Birth Certificate, Record of Live Birth, Permanent Resident or Citizenship Card, Passport, IMM 5292 Confirmation of Permanent Residency, or IMM 1000 Record of Landing when you meet with an FSCD worker (do not mail these documents).

Last Name of Parent/Guardian		First	Other names (alias)	Relationship to child	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (yyyy/mm/dd)
Address (if different from child's)			City/Town	Postal Code	Daytime Phone Number	
Last Name of Parent/Guardian		First	Other names (alias)	Relationship to child	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (yyyy/mm/dd)
Address (if different from child's)			City/Town	Postal Code	Daytime Phone Number	

What is your child's diagnosis or condition? (PLEASE ATTACH COPIES OF MEDICAL LETTERS)

Provide any other information you would like to add about your child's disability and how it impacts them in their day to day activities:
(PLEASE USE BACK OF PAGE IF YOU NEED MORE SPACE):

Have you and/ or your child been involved with the FSCD Program in the past? ☐ Yes ☐ No

Is your child First Nations or Métis? ☐ Yes ☐ No

Name of Guardian	Guardian Signature	Date (yyyy/mm/dd)
Name of Guardian	Guardian Signature	Date (yyyy/mm/dd)

Appendix P-5

Appendix Q: Potential Focus of Family Support for Children with Disabilities Involvement Relevant to Age

All families experience challenges and stressors when raising children. The Family Support for Children with Disabilities (FSCD) program recognizes that families raising a child with a disability may need additional support so they can raise their children at home and encourage the children's participation within the family and in the community. FSCD works with families to plan supports and services that will meet children's needs as they change throughout childhood and assist the family to strengthen their ability to promote their child's growth and development. These guidelines are not an inventory of all the supports available through FSCD, such as assistance to parents for the extraordinary costs of raising a child with a disability, as the costs would be determined during the Assessment of Needs process.

The FSCD Program acknowledges that families are unique and their experiences will differ. This document is intended as a tool for FSCD workers to help develop understanding about some of the unique experiences that families of children with disabilities may have and identify some considerations with respect to the intent of FSCD supports. The chart is not an exhaustive list and families may not have all of these experiences, or may have experiences that are not represented.

AGE	EXPERIENCES OF FAMILIES RAISING CHILDREN	EXPERIENCES OF FAMILIES RAISING A CHILD WITH A DISABILITY	POTENTIAL FOCUS OF FSCD INVOLVEMENT
0 – 35 Months	<ul style="list-style-type: none"> • Parents and other family members celebrate the arrival of the newest member of the family • A critical time for bonding and attachment with parents and other family members • A secure, loving and stimulating environment provides a solid foundation for future development • Parents have a critical role in promoting their child's development - they provide 	<ul style="list-style-type: none"> • The family may first become aware of the child's diagnosis/disability • Families may need to attend numerous medical appointments and assessments related to diagnosis or early intervention • Parents learn to work with professionals and navigate systems • Family members appraise their situation during this phase and seek answers • Parents may seek solutions or ways to alleviate the impact of the disability 	<ul style="list-style-type: none"> • Assisting the family to understand their critical role in promoting the development of their child • Promoting family involvement with personal support networks, including engagement with cultural support systems as a resource for emotional and practical assistance with the care of their child with a disability • Supporting the family as they appraise their situation and make adjustments to support their child with a disability

AGE	EXPERIENCES OF FAMILIES RAISING CHILDREN	EXPERIENCES OF FAMILIES RAISING A CHILD WITH A DISABILITY	POTENTIAL FOCUS OF FSCD INVOLVEMENT
Cont'd 0 – 35 Months	<ul style="list-style-type: none"> opportunities and encourage their child to learn new skills and enjoy seeing him or her experience things for the first time Child develops from the dependency of an infant to a mobile, communicative, increasingly independent toddler (NOTE: children develop at different rates) Infants and toddlers require constant supervision and are dependent on others to meet their physical and emotional needs Families may be challenged to manage their child's behaviour as the child passes through the "terrible twos" and "trying threes" 	<ul style="list-style-type: none"> The family may need to make adaptations to support their child with a disability Parents and other family members get to know their child and experience joy in his or her uniqueness Families may experience grief and loss as the impact of their child's diagnosis becomes clear Families may feel isolated and experience stress as they try to come to terms with their child having a disability and meet the needs of their child and family Important milestones of early childhood may be delayed or may not occur 	<ul style="list-style-type: none"> Assisting the family to identify and build upon their strengths and resources Providing the family with information about and referral to relevant programs, services and resources (e.g., parent support groups, early intervention) May assist with skill-building for the parents and/or family members Services should not interfere with this critical period of bonding and relationship building (e.g., only in unique circumstances will the program assess for 24-hour respite care or out-of-home care)
3 – 6 Years	<ul style="list-style-type: none"> Parents continue in their critical role promoting the development of their child Family members facilitate child's participation in social and community activities and provide opportunities for their child to engage in activities with other children Parents take pride in their child's achievements but may also feel a sense of fear or loss as their child becomes more independent (e.g., starting school) Child is interested in interacting with other children and learns how to relate to others Child has first school experience either in preschool or kindergarten Development continues at a rapid pace (physical, intellectual, emotional and social) Preschoolers require full 	<ul style="list-style-type: none"> The family may first become aware of their child's diagnosis/disability Families may experience grief and loss as the impact of their child's diagnosis becomes clearer Parents may experience negative responses to their child's behaviour and/or appearance, which may result in feelings such as embarrassment, stress and/or isolation Families begin to appreciate their child's unique strengths and abilities as his or her personality unfolds Families continue to make adaptations to support their child with a disability Families may experience stress as they try to meet the needs of the child with the disability and the competing needs of siblings Parents may struggle with understanding their child's developmental needs and how to encourage his or her development 	<ul style="list-style-type: none"> Supporting the family as they evaluate their situation and make adaptations to support their child and facilitate activity and participation Assisting the family to understand their critical role in promoting the development of their child Supporting the family as they continue to build their personal network as a resource for emotional and practical assistance with the care of their child with a disability Providing the family with information about and referral to relevant programs, services and resources (e.g., community playgroups, recreational activities, Program Unit Funding – Alberta Education, connecting with other parents) Assisting the family to consider their skills and abilities, as FSCD supports and services are intended to build upon the strengths and resources of the family and their child

AGE	EXPERIENCES OF FAMILIES RAISING CHILDREN	EXPERIENCES OF FAMILIES RAISING A CHILD WITH A DISABILITY	POTENTIAL FOCUS OF FSCD INVOLVEMENT
Cont'd 3 – 6 Years	<p>supervision and varying degrees of coaching and assistance with daily living skills</p> <ul style="list-style-type: none"> • Child is building skills that will assist him or her as he or she becomes more independent, at home and in school and community settings • The child's unique personality emerges, including personality traits that may be challenging for parents (e.g., strong-willed child) • Families have busy schedules as they support the activities and interests of their children (e.g., attending sports, lessons, community activities) 	<ul style="list-style-type: none"> • Families work with professionals and navigate systems that may include early education services • The gap between a preschooler's functioning and the functioning of his or her peers and/or younger siblings may widen or become more apparent • Children may begin early education programs (e.g. Program Unit Funding – Alberta Education) and have their first school experience 	<ul style="list-style-type: none"> • Helping the family to learn strategies, build new skills, develop confidence and independence to parent their child with a disability • FSCD recognizes the importance of early intervention and acknowledges that the level of support provided during the preschool years may be more intensive than at other times during the child's life • Services should not interfere with the critical role of the parents and family in promoting and supporting the development of their child (e.g., only in unique circumstances will the program assess for 24-hour respite, out-of-home care or community aide) • Co-ordinating FSCD services with early education programming (e.g., Program Unit Funding through Alberta Education) • Assisting the family and child as they prepare for the transition to full-time school and participation in the school system
7 – 12 Years	<ul style="list-style-type: none"> • A time of significant change and adjustment for the family and the child as he or she becomes a full-time student • Parents support the child as talents emerge and interests develop • Families have busy schedules as they support the activities and interests of their children (e.g., attending sports, lessons, community activities) • Parents support their children to establish good habits, exercise judgment and establish parameters as they prepare their children for adolescence • Child is developing skills to support increasing independence 	<ul style="list-style-type: none"> • Relationships within the family may be strained (e.g., sibling, marital, parent-child, extended family) • Families may experience grief and loss as siblings and similar age peers achieve milestones that their child with a disability does not • Over time, families make adaptations that assist them to function as a family which may positively affect their acceptance and perception of the disability • Families may experience periods of stability if they have resources and supports in place that effectively support them • Families continue to work with professionals and navigate systems, including the education system 	<ul style="list-style-type: none"> • Supporting the family with including their child in community activities and building upon their child's interests and abilities • Providing the family with information about and referral to relevant programs, services and resources (e.g., community recreation opportunities, sibling support) • Supporting the family as they continue to re-appraise their situation and make adaptations to promote their child's activity and participation in the activities of daily living • Supporting the family as they continue to build and strengthen their personal network as a resource for emotional and practical

AGE	EXPERIENCES OF FAMILIES RAISING CHILDREN	EXPERIENCES OF FAMILIES RAISING A CHILD WITH A DISABILITY	POTENTIAL FOCUS OF FSCD INVOLVEMENT
Cont'd 7 – 12 Years	<ul style="list-style-type: none"> • School and community have a greater influence on the child (e.g., peer pressure) as the child is away from the family home for large portions of the day • Child is increasingly independent socially (e.g., able to participate in group activities, able to resolve conflict with friends) • Child establishes a community presence and develops relationships that may not involve other members of the family • Child may participate in activities on his or her own or with limited support from family members 	<ul style="list-style-type: none"> • Families may find it difficult to meet the care needs of their child with a physical disability due to the child's increasing height/weight • Families may experience difficulty finding caregivers for their child • Families may have difficulty understanding and adapting to the developmental needs of their school-aged child with a disability • The gap between the child's functional abilities and those of similar age peers and/or younger siblings may widen and become increasingly apparent • Child may become aware of his or her own limitations and differences • Child may have difficulty interacting with peers and participating in activities 	<p>assistance with the care of their child with a disability</p> <ul style="list-style-type: none"> • Move toward consultative support to the family as they refine their skill set and focus on promoting the child's activity and participation (e.g., behaviour/developmental supports, less intensive levels of specialized services) • Working with the family to strengthen their capacity to care for and promote the development of their child • As the child gets older, the level of care required due to his or her disability may become more extraordinary (e.g., personal care aides, community aide, respite) • Working with the family and child as they develop a vision for the future and identify steps toward the transition to adulthood
13 – 15 Years	<ul style="list-style-type: none"> • Parents support their child as he or she becomes a teenager and help manage physical and emotional changes • Societal expectations for independence increase • Families continue to manage busy schedules, co-ordinating and providing transportation to sports, lessons and activities • The role of the parent shifts significantly from care giving to supporting independence and monitoring activity • Transition to junior high • The influence of school and community becomes greater than that of the home environment • Peer pressure increases while the need to fit in and be 	<ul style="list-style-type: none"> • The level of care, supervision and support required may become more taxing for the family • Families may not be sure or lack information about how to continue promoting their child's development • Families may experience grief and loss as the long-term impact of the disability becomes more apparent • Parents may require new skills to address the challenges of adolescence, including responding to their child's emerging sexuality • The family may have mixed emotions (e.g., apprehension and excitement) about planning for the child's transition to adulthood • Children with a disability may struggle with peer relationships and dealing with their own limitations and differences • Families may experience periods of 	<ul style="list-style-type: none"> • Supporting the family as they address new and emerging challenges associated with adolescence and the unique concerns that this may raise related to their child's disability • Promoting the child's independence by building on their strengths and abilities and developing life skills • Supporting the family in acquiring new skills to address the changing needs of their child and promote their child's activity and participation in activities of daily living (e.g., behavioural/developmental support) • Providing the family with information about and referral to relevant programs, services and resources • As the child grows older, the care required as a result of their disability may become more extraordinary

AGE	EXPERIENCES OF FAMILIES RAISING CHILDREN	EXPERIENCES OF FAMILIES RAISING A CHILD WITH A DISABILITY	POTENTIAL FOCUS OF FSCD INVOLVEMENT
Cont'd 13 – 15 Years	<p>accepted becomes increasingly important to the child</p> <ul style="list-style-type: none"> • Puberty brings significant changes in physical and emotional development and sexuality • Children may begin challenging their parents' authority and rules • Children may participate in community activities independently • Children assume increased personal responsibility for their role as a student • Preparation for high school 	<p>stability if they have resources and supports in place that effectively support them</p> <ul style="list-style-type: none"> • As families support their child to build a circle of friends and community connections, they will have the opportunity to see their child establish relationships with others • The children may become more aware of the formal supports in their life and may become resistant to their involvement (e.g., does not want an aide or a respite care provider) • The physical care needs of the child may become more complex due to puberty and other changes in physical development (i.e., becoming larger and stronger) • The child may struggle with adapting to a new school, changes in staff, or the level of support he or she receives 	<p>(e.g., personal care aides, community aide, work-related care)</p> <ul style="list-style-type: none"> • Supporting the family as they continue to build and strengthen their personal network as a resource for emotional and practical assistance with the care of their child with a disability, as this is a long-term resource that will exist regardless of the type of formal, paid support that the child may receive in the future • Working with the family and child as they continue to develop a vision for the future and identify further steps toward the transition to adulthood
16 – 18 Years	<ul style="list-style-type: none"> • Ongoing adjustments for both the parents and child as the child moves through puberty and may become sexually active • Parents monitor activities, provide guidance and support decision-making • Parents play an important role in providing guidance as their child plans for and makes decisions about the future • Sense of excitement, anticipation and fear as the family and child prepare for the transition to adulthood • Increasing societal expectations around responsibility and independence • School and community continue to have a strong influence • Children spend increasing amounts of time with peers and are faced with peer pressure 	<ul style="list-style-type: none"> • Families may experience grief and loss as similar age peers and siblings achieve major milestones that their child does not • Parents may experience a sense of pride and accomplishment as their child reaches the important milestone of becoming an adult • The child and his or her family are preparing to transition to the adult service system which may mean a different level and type of support • Concerns with decision-making authority may emerge as parents try to promote their child's independence to the greatest extent possible • Families discuss and plan for decision-making when the child turns 18 • Child may continue to struggle with peer relationships and accepting differences • Child may strive for independence but 	<ul style="list-style-type: none"> • Providing the family with information about and referral to relevant programs, services and resources to address the changing needs of the child and their family • Supporting the family and child to prepare for the transition to adulthood • Assisting the family to co-ordinate planning for adult services (e.g., Persons with Developmental Disabilities, Adult Mental Health, Assured Income for the Severely Handicapped, Public Guardian, Public Trustee) • Supports and services focus on enhancing and promoting the child's independence • Supporting the family to strengthen their personal network as a resource for emotional and practical assistance for the family and the child, as these natural supports will

AGE	EXPERIENCES OF FAMILIES RAISING CHILDREN	EXPERIENCES OF FAMILIES RAISING A CHILD WITH A DISABILITY	POTENTIAL FOCUS OF FSCD INVOLVEMENT
Cont'd 16 – 18 Years	<ul style="list-style-type: none"> Children may challenge their parents' authority as they are given the opportunity to make more decisions on their own and have more input on decisions affecting them (e.g., at school) Children are striving for independence through activities such as employment, driving, etc. The child takes personal responsibility for his or her role as "student" 	struggles to acquire the skills to achieve this goal	<p>exist regardless of the type of formal, paid services that the young adult may receive in the future</p> <ul style="list-style-type: none"> Involve and include input from the child wherever possible

Resources

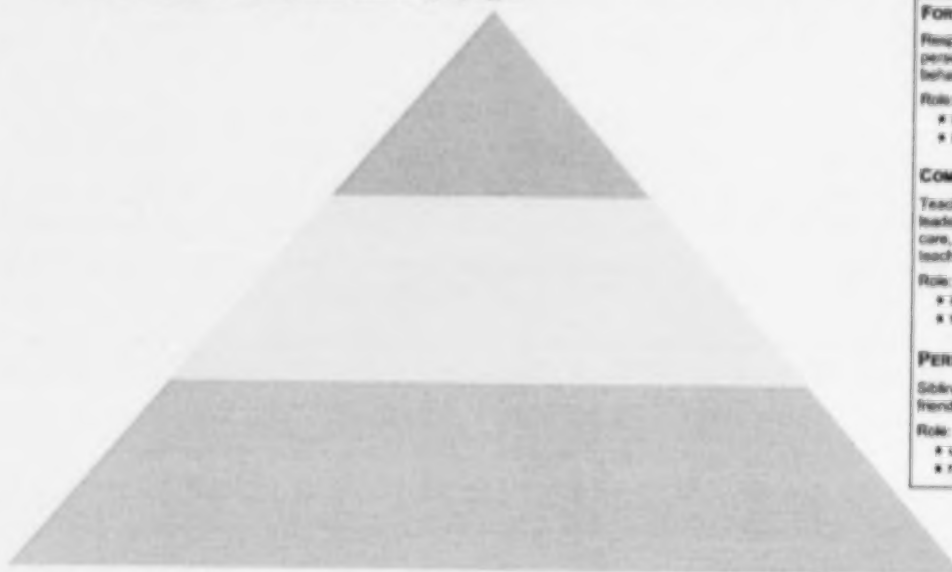
FOR MORE INFORMATION ABOUT CHILD DEVELOPMENT	FOR MORE INFORMATION ABOUT DISABILITY, ACTIVITY AND PARTICIPATION	FOR MORE INFORMATION ABOUT FAMILY CENTRED PRACTICE
<p>Visit:</p> <ul style="list-style-type: none"> Parent Link, www.parentlinkalberta.ca Ages and Stages Growing Healthy Canadians: A Guide for Positive Child Development www.growinghealthykids.com Queensland Government, www.health.qld.gov.au/cchs, Growth and Development – Child Development Milestones Raising Children Network: the Australian parenting website http://raisingchildren.net.au/ 	<p>Visit:</p> <ul style="list-style-type: none"> The World Health Organization, www.who.int/classifications/icf/training/icfbeginnersguide.pdf International Classification of Functioning The CanChild Centre for Childhood Disability Research, www.canchild.ca/en/, search International Classification of Functioning to find numerous articles 	<p>Visit:</p> <ul style="list-style-type: none"> The CanChild Centre for Childhood Disability Research, www.canchild.ca/en/, search Family Centred Practice to find numerous articles <p>Further reading</p> <ul style="list-style-type: none"> Dunst, C.J., & Trivette, C.M. (1996). <i>Empowerment, effective help-giving practices and family-centred care</i>. Pediatric Nursing, 22, 334-337, 342 Trivette, C.M., Dunst, C.J., & Hamby, D.W. (1996). <i>Characteristics and consequences of help-giving practices in contrasting human services programs</i>. American Journal of Community Psychology, 24, 273-293.

Appendix R: Child/Family Support Pyramid

Child/Family Support Pyramid

Intent:

- To assist a worker and family to identify the nature of support that is currently in place: Is it life long (enduring) and will sustain the child over-time or is it short term external support.
- To promote discussions regarding:
 - increased resiliency for families and their child when they develop long term support/relationships that will sustain them long-term
 - the challenges and vulnerability of over reliance on agency support



FORMAL SUPPORT NETWORK

Respite workers, specialized services aide and personal care aide, community aide, behavioural/developmental aide, FISC worker

Role:

- assist at a specific time in a child's life (short term)
- subject to change

COMMUNITY RESOURCES

Teachers, day care workers, church leaders/pastors, medical practitioners (home care, OT/PT, etc.), coaches, scout/brownie leaders, teacher aides

Role:

- assist at a specific time in a child's life (short term)
- subject to change

PERSONAL SUPPORT NETWORK:

Siblings, grandparents, aunts, uncles, cousins, family friends, neighbours

Role:

- unconditional acceptance
- relationships last a lifetime

Consider the supports the child/family currently receive in one of the three categories. What is their foundation of support?

Appendix S: Child's Daily Routine/Schedule

Child's Daily Routine/Schedule							
Include school/hours, day care, community programs. If this is a reassessment of needs also include FSCD supports (e.g., in-home, respite)							
	MON	TUES	WED	THUR	FRI	SAT	SUN
6-9 a.m.							
9-12 a.m.							
12-3 p.m.							
3-6 p.m.							
6-9 p.m.							
9 p.m. to 6 a.m.							

Note: At the end of this section a worker may wish to discuss the Support Pyramid with the family.

Appendix T: FSCD Process when Exploring Suspected Fraud

Introduction

The Family Support for Children with Disabilities (FSCD) Program provides funds to guardians through an FSCD Agreement to purchase supports and services to meet their family and child's need, or provides funds to agency service providers through a contract, to provide services to families. Although there are some important accountability mechanisms built into the financial processes (e.g., signatures, regulated forms, financial officers etc.), the system relies on the accurate reporting of both families and service providers. The legal responsibilities of guardians related to the use of funds are outlined in the FSCD Agreement.

Regulation

Schedule Form 1

Family Support for Children with Disabilities Agreement

The guardian and the director agree as follows:

- 5 The guardian agrees to spend the funds provided under this Agreement strictly in accordance with the terms of this Agreement, and the guardian understands and agrees that the guardian is responsible for paying for any services provided to the child that exceed the costs as agreed by the director under this Agreement.
- 6 The guardian understands that the misuse of funds or the giving of false, misleading or inaccurate information in order to obtain services from the director may result in a civil action or criminal charges.

Despite current safeguards fraud may occur. This document outlines a consistent process for FSCD staff to follow when concerns of fraud are identified and applies to both guardians accessing services through the FSCD Program and individuals and/or agencies which provide service funded by the FSCD Program.

Definition

Fraud is any act, expression, omission, or concealment calculated to deceive another to his or her disadvantage.

Everyone who by deceit, falsehood, or other fraudulent means, defrauds the public of any property, money, or other valuable security, is guilty of an offense under the Criminal Code of Canada. Individuals may be found guilty of fraud in Criminal Court if he or she has:

- Given false information about income, assets or needs
- Withheld information about income, assets or needs
- Used an alias to obtain duplicate assistance
- Given false information to obtain benefits to which he or she is not entitled.
- Submitted false information on time sheets and invoices.

General Responsibilities

- ♦ FSCD staff are responsible to:
 - report and discuss all suspected fraud with a Supervisor.
 - document all contacts related to suspected fraud.
 - consult your Regional Finance Manager and Fraud Investigation Unit prior to requesting an investigation or when unclear on how to proceed when fraud is suspected.

Information and Privacy

- ♦ All information pertaining to families, the person reporting the suspected fraud, service providers and others involved when exploring allegations of fraud is confidential.
- ♦ All documents, including case notes pertaining to an alleged fraud should be placed in the relevant child's file including the timeframe and financial implications of the suspected fraud.
- ♦ The FSCD Program has the authority to contact service providers to verify information provided on a Statement of Expense (SOE) or Record of Services Provided Form without prior consent of the parent.

-
- ◆ FSCD may share personal information with a Fraud investigator to assist in an investigation without prior contact. The authority to disclose personal information is allowed under the *Freedom of Information and Privacy (FOIP) Act* Sections 40(1)(e) and/or (q).

Identifying Possible Fraud

Information suggesting possible fraud may come from different sources such as:

- A guardian, community member, government department, service provider or anonymous caller
- Documents such as the Statement of Expense Form (SOE), Record of Services Provided Form, Application Form, the Family/Child Assessment of Needs Form (FCAON) and/or the Review of Assessed Needs Form (RAN)
- From FSCD Administrative Support staff
- During daily duties of the FSCD staff related to case management responsibilities.

When a call reporting or alleging fraud is received:

- (1) Refer the caller to the appropriate FSCD worker or if unavailable, supervisor.
- (2) The FSCD worker/supervisor will gather details from the caller while protecting the confidentiality of FSCD families and service providers.
- (3) The FSCD worker/supervisor will document information on the alleged fraud on the child's file including the timeframe that fraud was suspected and the financial impact of the suspected fraud while protecting the confidentiality of the caller.

Steps when fraud is suspected

Step 1: Gather information

When gathering more information about alleged fraud the FSCD worker or Supervisor will:

- (1) Verify the existence and status of the file.

- (2) Review the child's file to determine if fraud had been suspected in the past.
- (3) Review previous Statements of Expenses (SOE) or Record of Services Provided Form in order to validate claims and compare signatures.
- (4) Discuss the allegation of fraud with other FSCD staff who may have knowledge about the situation, e.g. MDT Co-ordinator or Financial Officer.
- (5) Gather any additional information relating to the alleged fraud to validate the accuracy of the allegation. This may involve contacting private or agency service providers to verify information provided on a SOE or Record of Services Provided Form.

NOTE: do not disclose any information to the service provider regarding suspicions of fraud.

Step 2: Review information with supervisor

When reviewing the information about alleged fraud the FSCD worker and/or Supervisor will consider:

- The nature of the suspected fraud
- The quality of the evidence available
- The financial impact of the suspected fraud
- The duration of time over which the fraud took place
- The degree to which the suspected fraud was intentional
- Other matters to be considered

Step 3: Explore courses of action

Even when the weight of evidence support suspicions of Fraud, the decision of how to respond rests with the Director. Depending on the review of the information regarding the suspected fraud, the FSCD worker and Supervisor (in consultation with your Regional Finance Manager and/or the Fraud Investigation Unit if necessary) may decide to:

- Drop the matter if suspicions are not supported
- Gather more information
 - continue monitoring the situation
- Minimize the likelihood of continued fraud
 - discuss the suspicions with the individual suspected of fraud in order to give them an opportunity to explain and clarify what happened regarding the alleged fraudulent action

-
- change reporting requirements to increase accountability
e.g., weekly instead of monthly invoicing
 - revise the Agreement e.g., restrict who can provide services
 - Negotiate an arrangement for repayment in consultation with your regional finance branch
 - Request an investigation through Seniors and Community Support (SCS).

When Requesting an Investigation through SCS:

- Follow the steps outlined in the *Human Services: Referral Process for Fraud Investigation Services* document from the Memorandum of Understanding between HS and SCS.
- Send a copy (either fax, electronic or hard copy) of the completed Request of Investigation - form (EMP0037) to:
 - The Regional Chief Executive Officer (CEO)
 - The Regional Finance Manager
 - The FSCD Director in care of Darcy Fleming

Darcy Fleming (Ph.D.)
Quality Assurance Analyst
Family Support for Children with Disabilities
Human Services
11th Floor, Sterling Place
9940 - 106 Street
Edmonton, Alberta, Canada, T5K 2N2
Tel 780-427-2334
Fax 780-415-0651

Fraud Investigation Referral Process

**ALBERTA CHILDREN AND YOUTH SERVICES
REFERRAL PROCESS FOR FRAUD INVESTIGATION SERVICES**

Children and Youth Services (CYS) have entered into a Memorandum of Understanding with Seniors and Community Supports (SCS) for fraud investigation services. The Quality Assurance Program at SCS will accept referrals for investigation services from the Department of CYS and the ten Child and Family Services Authorities effective immediately.

When the caseworker suspects program abuse the following steps are to be taken to refer a case to SCS for investigation:

- 1) The worker completes the Request for Investigation – form EMP0037 (located on e-Forms) outlining the circumstances, including steps taken by the caseworker in supporting the reason for referral. (This may include interviews and or conversations with the client and or service providers or consultation with SCS-Quality Assurance Program staff). The file number is the regions file number.
- 2) The Request for Investigation is signed by the referring caseworker and their supervisor or manager.
- 3) An electronic copy of the Request for Investigation (in word format not a pdf version) is to be e-mailed to elaine.labrash@gov.ab.ca so that the information from the form can be cut and pasted into SCS's Fraud Investigation Tracking System.
- 4) A signed copy of the Request for Investigation is to be scanned and sent to elaine.labrash@gov.ab.ca or the original signed document is to be mailed to:

Elaine Labrash
Quality Assurance Program
Seniors
5th Floor Westcor Building
12323 Stony Plain Road
Edmonton, AB T5N 4A9

- 5) Once received, the Request for Investigation will be accepted and assigned to an investigator (investigations are assigned by region). The CYS caseworker will then receive a copy of the Request for Investigation identifying acceptance and the assigned investigator.
- 6) Upon review of the Request for Investigation and the subject Children and Youth Services file, a preliminary cost estimate will be provided to the referring Manager. The Manager will sign off acceptance of the preliminary estimate. SCS will invoice the Regions on a quarterly basis.

Contact: Financial Strategies

September 21, 2010

Fraud Investigation Referral Process

- 7) During the course of investigation the worker and investigator will work in consultation.
- 8) Upon completion of the investigation, the investigator will complete an Investigation Concluding Report which will identify the outcome of investigation and may make recommendations for future preventative action and identify potential overpayments. Please refer to your regional finance branch to have the overpayment setup as a receivable and to pursue collection action.
- 9) The Children and Youth Services worker will action the recommended overpayment in keeping with their departmental process.
- 10) Should the matter proceed with Criminal charges being laid, the worker will be required to be a witness for the Crown (the investigator will assist and prepare all witnesses for Court).
- 11) Upon completion of Court proceedings, the investigator will complete a Court Concluding Report identifying the outcome. A copy of this report will be provided to the (worker/manager) of the appropriate office.
- 12) In the event there is a Restitution Order from the Court's the Investigator will file it with the Court of Queen's Bench after 30 days and copies of said order will be provided to Children and Youth Services. Please refer to your regional finance branch to have the amount of the Restitution Order set up as a receivable and to action collection.

Contact: Financial Strategies

September 21, 2010

Section 14: GLOSSARY

Glossary

Activities of Normal Daily Living – Include but are not limited to the following:

- *Personal care:* feeding, bathing, dressing, toileting
- *Mobility:* walking, going up and down stairs, getting in and out of a car, bathtub, bed, etc.
- *Communication and interaction:* social interaction: expressive and receptive communication, problem solving, play and safety

Agreement – the Family Support for Children with Disabilities Agreement (FSCD1621) is a legal agreement and a regulated form. The FSCD Program enters into an agreement with a guardian with respect to the provision of services as defined in the FSCD legislation.

Amendment – Add or change services within an existing FSCD Agreement, as needed, to address a family or child's changing needs, through the use of a Family Support for Children with Disabilities Amendment Agreement (FSCD0466).

Appeal Secretariat – the administrative support to the FSCD Appeal Committee.

Assessment – In the context of the FSCD Program, the term assessment is used to refer to an assessment of needs, not a medical or clinical assessment. The FSCD assessment is used to gain an understanding of a family and their child's unique needs and circumstances in order for everyone involved to arrive at well reasoned decisions. The assessment of needs process involves obtaining, analyzing and synthesizing information obtained through interviewing, observing and documentation provided by a guardian, service provider and health professionals. When further expertise is required to understand the family and child's needs, the assessment of needs process may also include consultation with the FSCD Multi-Disciplinary Team (MDT) or other relevant professionals.

Community Standards – the term "Community Standards" is used to refer to the typical costs of purchasing child care services within a community. The costs of child care in a community can be influenced by the availability of service providers, geographic location or proximity to services and varies with the type of child care service and service provider.

Day Care Program – as defined in the Child Care Licensing Regulation means a child care program provided to infants, pre-school children and kindergarten children for four or more consecutive hours in each day the program is provided.

Director – “director” refers to an individual designated by the Minister of Human Services for the purposes of administering the FSCD legislation. The director sub-delegates powers and duties of the director, including the authority to sub-delegate to regional CEOs to administer the FSCD Program.

Disability – a chronic developmental, physical, sensory, mental or neurological condition or impairment but does not include a condition for which the primary need is for medical care or health services to treat or manage the condition, unless it is a chronic condition that significantly limits a child’s ability to function in normal daily living.

Disability-Related Costs – costs incurred as a direct result of the child’s disability that would not be incurred or necessary for a child the same age without a disability under similar circumstances.

Established Practices – Established practices are those strategies or approaches that are:

- commonly accepted by the relevant professional community;
- based on a clear logic connecting the practice to it’s intended outcome; and
- supported by research.

(see FSCD Guidelines for Demonstrating Effectiveness, Appendix N).

Extraordinary Costs – costs incurred that would not be incurred or necessary for a child the same age without a disability under similar circumstances.

Extraordinary child care costs – refers to the portion of the costs over and above what the guardian would otherwise pay for child care given their child’s age, their work schedule, local resources, community standards, child care during summer and other school holidays, etc. where that additional cost is specifically due to the child’s disability.

Family – includes the guardian, biological, step or adoptive parents, siblings, step-siblings, grandparents and other extended family members.

Family-Centred Services – Delivering services in a family-centred way acknowledges that the family is usually the one constant factor in a child's life and recognizes that each family is unique. A family-centred approach:

- Identifies and builds on a family's strengths;
- Recognizes the family's informal social support network is a primary source of support and resource for meeting the family's needs;
- Targets family-centred goals through interventions; and
- Emphasizes and promotes strengthening the parent's and family's ability to promote the child's development.

Family Day Home – refers to "group family child care program" as defined in the Child Care Licensing Regulation meaning a child care program provided in the private residence of the licence holder to infants, pre-school children, kindergarten children and school-aged children;

Health Professional – an individual who is registered or licensed with his/her professional association relevant to a profession recognized under the *Health Professions Act*.

Individualized Family Support Plan (IFSP) – Documents a families concerns, priorities, goals and strategies and intended outcomes relating to enhancing their child's development within the context of their family, community and other natural environments.

Individualized Service Plan (ISP) – a document that outlines the individualized strategies that the family and their specialized services team will follow as they work together to meet the family's and child's needs (see Guidelines for Developing an Individualized Service Plan (ISP) for Specialized Services, Appendix M).

Intake Date – is the date that the FSCDIS Intake is completed, saved and an FSCD file number is assigned.

Multi-Disciplinary Team (MDT) – a group of health professionals established by the FSCD Program to provide consultation to FSCD workers when making decisions about providing specialized services. The MDT is made up of the following health professionals who have experience and expert knowledge about services and best practices for children with severe disabilities and their families:

- speech-language pathologists;
- occupational therapists;

- physical therapists; and
- psychologists.

Normal Parental Costs – the costs that a parent typically incurs in raising a child, with consideration for the child's age, including shelter, utilities, furnishings, food, health care, clothing and footwear, personal care items, transportation costs, child care and typical baby sitting costs, education related costs including reading material, recreational activities, clothing and equipment associated with sports, lessons or activities, gifts and other typical costs that may arise relevant to a family's circumstances or choices.

Out of School Care Program – as defined in the Child Care Licensing Regulation means a child care program provided to kindergarten children and school-aged children in any or all of the following periods.

Prescription Drugs – a drug that has been prescribed by a physician and is either on the Alberta Health and Wellness Drug List, approved by the Minister of Health and Wellness, or that is approved for coverage by the guardian's health services insurance or benefit plan.

Provisional Diagnosis – a temporary clinical diagnosis that is awaiting further investigation or analysis of the cause or nature of a condition, situation or problem.

Public Transport – for example, taxi, rented car, train, commercial bus or LRT. In unique cases public transportation may include plane or in some remote communities where there is no formal mode of public transportation, could mean paying a private individual or drive service to provide a ride.

Respite Supports – temporary relief for caregivers and families from the total care and supervisory demands of the child by way of a caregiver who provides support and supervision, either in the family or outside the family home during non academic programming hours.

Routine Practices – (also known as Routine Precautions, Standard Precautions, Standard Practices, Universal Precautions) are intended to prevent person to person transmission of infection through direct contact, handling of body fluids or airborne microorganisms. These precautions should be followed by caregivers whenever there is a risk of exposure to any body fluid regardless of a known infection or communicable disease.

Routine practices involve hand washing; wearing gloves, gowns and eye protection; proper disposal of used needles; protecting cuts and abrasions on a caregiver's skin with a waterproof dressing; handling personal care supplies (e.g. used needles and dressings) and medical devices with caution; and ensuring that supplies and devices are appropriately cleaned and disinfected. Additional precautions may be necessary if an infection may be spread in the air (e.g. isolation may be necessary).

Specialized Services Team - a group of individuals, including the guardian, who work together to develop and implement a single service plan to co-ordinate and deliver a family's specialized services.

Values – Standard or principle that is regarded as worthwhile and commonly indicates the importance of people, places and things.

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